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Summary

PRIMARY PERCUTANEOUS STENTING VERSUS ENDOSCOPIC DRAINAGE FOR UNRESECTABLE MALIGNANT HILAR BILIARY OBSTRUCTION: A MULTICENTER RANDOMIZED CONTROLLED TRIAL, THE TESLA RCT

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UEG Week Barcelona 2026 | Presentation

Primary Care | Oesophagus | Hepatobiliary | Endoscopy | Digestive Oncology | Colorectal

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Primary percutaneous stenting reduced major complications from 68% to 41% compared to endoscopic drainage in patients with unresectable malignant hilar biliary obstruction in a randomized phase III trial.

KEY POINTS

- In 143 patients randomized to primary percutaneous stenting (PPS) or endoscopic biliary drainage (EBD), major complications within 90 days occurred in 41% with PPS versus 68% with EBD (p=0.001), an absolute reduction of 26%.
- Severe drainage-related complications occurred in 19% after PPS versus 50% after EBD (p<0.001), driven by a reduction in cholangitis from 32% to 3% (p<0.001).
- Technical success of initial stent placement was 96% with PPS versus 84% with EBD (p=0.021), and reinterventions were required in 15% after PPS versus 57% after EBD (p<0.001).
- PPS involved placing one or more uncovered self-expandable metal stents above the ampulla via transhepatic access without leaving an external drain.
- Crossover to the alternate strategy occurred in 0% of the PPS arm versus 20% of the EBD arm.
- The speaker concluded that primary percutaneous stenting should be the standard of care for unresectable malignant hilar biliary obstruction based on these results.

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