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Summary

ENDOSCOPIC ULTRASOUND-GUIDED CHOLEDOCO DUODENOSTOMY VS ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN MALIGNANT DISTAL BILIARY OBSTRUCTION TO PREVENT POST PROCEDURAL PANCREATITIS: A RANDOMIZED CONTROLLED TRIAL

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Endoscopy | Hepatobiliary

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EUS-guided choledochoduodenostomy reduced post-procedural pancreatitis compared to ERCP when used as primary biliary drainage in malignant distal biliary obstruction with dilated common bile duct in a multicenter randomized controlled trial.

KEY POINTS

- Post-procedural acute pancreatitis occurred in 1.8% of the EUS-CDS group versus 7.3% of the ERCP group with a relative risk of 0.25 and 95% CI 0.07-0.88.
- Technical success was higher with EUS-CDS at 94.6% versus 78.9% for ERCP with a p-value less than 0.001, and mean procedural time was shorter at 13.5 minutes versus 24.7 minutes.
- No significant differences were found between the two approaches in other adverse events, clinical success, 6-month stent patency rate, or overall survival.
- The study enrolled 220 patients with malignant distal biliary obstruction and dilated CBD greater than 15mm between April 2021 and October 2023.
- The results support EUS-CDS as a potential preferred primary approach in patients with dilated common bile duct according to the investigators.

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