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Summary

EUS-HGS IS SAFE, EFFECTIVE AND COMPLEMENT WITH ERCP, UNIVERSITY HOSPITAL EXPERIENCE

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Hepatobiliary

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A retrospective series of 131 EUS-hepaticogastrostomy procedures from 2016 to 2024 reports high technical success (97.7%) in patients with inaccessible papilla, failed ERCP, or altered anatomy, with longer procedure duration identified as a risk factor for early complications.

KEY POINTS

- Technical success was achieved in 128 of 131 cases (97.7%) and clinical success in 116 cases (88.5%), with a median procedure duration of 36 minutes
- The cohort included 90 normal anatomy cases (68.7%) and 41 surgical anatomy cases (31.3%), with indications including duodenal invasion (64.1%), inaccessible papilla (16%), and failed deep cannulation (15.3%)
- Early complications occurred in 22 cases and included peritonitis (7.6%), bacteremia (3.8%), cholangitis (3.1%), bleeding (1.5%), and stent migration (2.3%)
- Multivariate analysis identified procedure duration exceeding 36 minutes as the only factor significantly correlated with early complications (p=0.01)
- Plastic stents (80.2% of cases) had median patency of 120 days compared to 226 days for covered metallic stents, though the difference was not statistically significant (p=0.13)

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