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Summary

EFFICACY AND SAFETY OF EUS-GUIDED DRAINAGE IN POST-PANCREATECTOMY VS. POST-PANCREATITIS FLUID COLLECTIONS WITHOUT NECROSIS

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Pancreas

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EUS-guided drainage of post-pancreatitis fluid collections requires significantly longer ICU stay compared to post-pancreatic resection collections, despite similar overall clinical success rates.

KEY POINTS

- In a matched 1:1 cohort study of 54 patients, EUS-guided drainage using 10 French double-pigtail stents achieved 100% late clinical success (complete resolution within 12 months) in both post-pancreatitis and post-pancreatic resection fluid collections.
- Post-pancreatitis patients required significantly longer ICU stays compared to post-resection patients (11.9 vs. 1.7 days, p=0.03), though overall hospital stay and number of reinterventions were similar between groups.
- Complication rates trended higher in the post-pancreatitis group compared to the post-resection group (29.6% vs. 7.4%, p=0.08), though this did not reach statistical significance.
- No significant differences were observed between groups in baseline characteristics including age, gender, comorbidities, infection presence, collection size, or time to intervention.
- This comparison may inform development of condition-specific treatment protocols for pancreatic fluid collections managed by EUS-guided drainage.

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