

ONE YEAR LATER - FOLLOW-UP AFTER COMBINED ENDOSCOPIC BYPASS AND BILIARY STENTING FOR A LOCALLY ADVANCED PANCREATIC TUMOR

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Poster

Hepatobiliary

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A 75-year-old woman with unresectable pancreatic head adenocarcinoma underwent staged endoscopic triple bypass (EUS-guided hepatico-gastrostomy, gastro-enterostomy with lumen-apposing metal stent, and antegrade biliary metal stenting) for symptomatic biliary and duodenal obstruction, with 11-month follow-up showing sustained patency, normal bilirubin, and ongoing chemotherapy tolerance.

KEY POINTS

- The patient presented in May 2024 with cholangitis and emesis after initial plastic biliary stent placement; ERCP failed due to papillary invasion and duodenal stenosis, prompting a combined endoscopic approach.
- A single-session procedure performed EUS-guided hepatico-gastrostomy for biliary drainage and EUS-guided gastro-enterostomy using a lumen-apposing metal stent to bypass duodenal obstruction.
- Persistent elevated bilirubin after one month led to removal of the plastic stent and antegrade insertion of two fully covered 60 x 10 mm self-expandable metal stents through the hepatico-gastrostomy in August 2024.
- At 11 months post-intervention, all stents remained patent with radiologic and endoscopic confirmation, bilirubin levels normalized, oral intake maintained, and no late adverse events occurred.
- The authors conclude the staged triple bypass was minimally invasive, well tolerated, and enabled continued chemotherapy with improved quality of life in this patient with unresectable disease.

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