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Summary

ENDOSCOPIC ULTRASONOGRAPHY–GUIDED RENDEZVOUS TECHNIQUE VERSUS PRECUT METHOD AS A SALVAGE TECHNIQUE FOR DIFFICULT BILIARY CANNULATION IN PATIENTS WITH BILIARY STONES

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UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

A retrospective study of 43 patients with difficult common bile duct stone cannulation compared EUS-guided rendezvous technique to needle-knife precut methods as salvage approaches.

KEY POINTS

- Technical success rates were similar between EUS-RV and precut (83% versus 79%), while adverse event rates were lower with EUS-RV (13% versus 28%).
- Adverse events in the EUS-RV group included two posterior hemorrhages and one pancreatitis; the precut group had three pancreatitis cases and one posterior hemorrhage.
- Median time from salvage decision to cannulation was significantly shorter for precut than EUS-RV (20 versus 26 minutes, p = 0.02), attributed partly to endoscope replacement requirements.
- The authors conclude that EUS-RV can be considered an option for salvage cannulation given comparable technical success and potentially favorable safety profile.

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