

COMPARISON BETWEEN ENDOSCOPIC ULTRASOUND-GUIDED RADIOFREQUENCY ABLATION AND SURGICAL RESECTION FOR PANCREATIC INSULINOMA: A SINGLE-CENTER, RETROSPECTIVE ANALYSIS

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Poster

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A single-institution retrospective study of 21 patients compared EUS-guided radiofrequency ablation with surgical resection for pancreatic insulinomas, finding equal clinical success but significantly fewer complications with the endoscopic approach.

KEY POINTS

- Clinical success, defined as normalization of blood glucose levels, was achieved in all 10 EUS-RFA patients and all 11 surgical patients.
- Complication rates were significantly lower with EUS-RFA (10%, one self-limiting bleed) versus surgery (63.6%, including seven pancreatic fistulas and one reoperation for infected fluid collection, $p=0.01$).
- Median operative time was significantly shorter for EUS-RFA (28 minutes) compared to surgery (280 minutes, $p<0.001$).
- The EUS-RFA cohort was significantly older (median 65.5 versus 37 years, $p<0.001$) and had higher comorbidity scores, as EUS-RFA was indicated for patients unfit for or unwilling to undergo surgery.
- The authors conclude that prospective comparative studies are needed to determine the role of EUS-RFA as a treatment option for selected patients with pancreatic insulinoma.

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