gutflix
GI learning, personalised

Summary

ENDOSCOPIC ULTRASONOGRAPHY-GUIDED GASTROENTEROSTOMY VERSUS SURGICAL GASTROJEJUNOSTOMY FOR PALLIATION OF MALIGNANT GASTRIC OUTLET OBSTRUCTION (ENDURO)

Frank P. Vleggaar

UEG Week Berlin 2025 | Presentation

Immunology | Oesophagus

October 5, 2025

In a Dutch randomized trial of 98 patients with malignant gastric outlet obstruction, EUS-guided gastroenterostomy was superior to surgical gastrojejunostomy for time to solid oral intake (1 day versus 3 days, HR 2.21, p=0.0003) and non-inferior for reintervention rates.

KEY POINTS

- Median time to solid oral intake was 1 day with EUS-GE versus 3 days with surgical gastrojejunostomy (hazard ratio 2.21, 95% CI 1.43 to 3.42, p=0.0003).
- Reintervention rates for persistent or recurrent obstruction within six months were 10% for EUS-GE versus 12% for surgery (risk difference 1.6%, meeting non-inferiority with upper 90% CI limit of 8.9% below the 20% margin).
- Clinical success (tolerating solid oral intake) was achieved in 96% of EUS-GE patients versus 80% of surgical patients (relative risk 1.20, 95% CI 1.03 to 1.39).
- Median hospital stay was 1 day with EUS-GE versus 4 days with surgery (relative change 0.46, 95% CI 0.20 to 0.78).
- Serious adverse events (Clavien-Dindo grade 3B or higher) occurred in 8% of EUS-GE patients versus 12% of surgical patients (relative risk 0.69, 95% CI 0.21 to 2.31).
- The trial authors concluded that EUS-guided gastroenterostomy should be the preferred palliative treatment for malignant gastric outlet obstruction.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c57c070e-a813-11f0-bd98-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.