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Summary

RISK FACTORS FOR ACUTE CHOLECYSTITIS FOLLOWING ERCP WITH METAL STENTING OF MALIGNANT DISTAL BILIARY OBSTRUCTION (SCANSION STUDY): A PROSPECTIVE COHORT STUDY

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In a prospective study of 109 patients with distal malignant biliary obstruction, cystic duct coverage by the metal stent was the only independent predictor of post-ERCP acute cholecystitis, occurring in 7.3% of patients, whereas cystic duct infiltration was not significantly associated.

KEY POINTS

- Among 109 patients receiving partially covered SEMS for distal malignant biliary obstruction, 8 patients (7.3%) developed acute cholecystitis after a median of 6.5 days, and 57.1% required additional intervention.
- Cystic duct coverage by the SEMS occurred in 40.7% of procedures and was the only independent predictor of post-ERCP acute cholecystitis at multivariate analysis (OR 13.8, 95% CI 1.5-123.6).
- The rate of acute cholecystitis did not differ significantly between patients with and without cystic duct infiltration (11.1% versus 6.6%, p=0.503), despite cystic duct infiltration being present in 16.5% of patients.
- Post-ERCP acute cholecystitis was more frequent than post-ERCP pancreatitis (7.3% versus 6.4%) in this cohort of patients with predominantly pancreatic adenocarcinoma (87.2%).
- EUS performed before ERCP can help predict morphological risk factors for acute cholecystitis in patients undergoing SEMS placement for distal malignant biliary obstruction.

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