

ABDOMINAL COMPUTED TOMOGRAPHY PREDICTORS OF TECHNICAL SUCCESS OF ENDOSCOPIC ULTRASOUND-GUIDED GALLBLADDER DRAINAGE

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Poster

Hepatobiliary

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A retrospective study of 45 patients identified CT distance between gallbladder and duodenal bulb and gallbladder wall thickness as independent predictors of technical success for endoscopic ultrasound-guided gallbladder drainage.

KEY POINTS

- On multivariate analysis, shorter CT-measured distance between gallbladder and duodenal bulb (OR 0.70, 95% CI 0.49-0.99, $p=0.046$) and gallbladder wall thickness (OR 0.28, 95% CI 0.09-0.86, $p=0.027$) independently predicted technical success of EUS-GBD.
- The study evaluated CT scans from 45 consecutive patients (60% male, mean age 81.3 ± 10.5 years) who underwent EUS-GBD between January 2020 and December 2022, with mean interval of 4 ± 4 days between CT and procedure.
- Mean CT distance between gallbladder and duodenal bulb was 10.8 ± 10.6 mm; 64.4% of procedures were performed via duodenal bulb access.
- The authors conclude that pre-procedure CT may be useful for predicting EUS-GBD technical success, particularly through measurement of gallbladder-duodenal bulb distance and gallbladder wall thickness.
- This material would be most relevant to interventional endoscopists performing or planning EUS-guided gallbladder drainage procedures.

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