

A META-ANALYSIS OF EARLY VS. DELAYED EUS-GUIDED DRAINAGE FOR POSTOPERATIVE PANCREATIC FLUID COLLECTIONS

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Poster

Pancreas

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A meta-analysis of six retrospective studies (235 patients) found that early EUS-guided drainage of post-operative pancreatic fluid collections is as safe and effective as delayed drainage, with no increase in adverse events.

KEY POINTS

- Early versus delayed EUS-guided drainage (threshold 14 to 30 days) showed comparable adverse event rates with a pooled odds ratio of 0.81 (95% CI 0.40-1.64, $P = 0.55$) and no statistical heterogeneity between studies.
- Technical success was 100% in all cases and clinical success ranged from 90 to 97%, with no significant difference between early and delayed groups (pooled OR 0.60, 95% CI 0.20-1.83, $P = 0.37$).
- The analysis included 128 patients in the early drainage group and 107 in the delayed group, with no procedure-related mortality reported.
- Distal pancreatectomy was the major cause of post-operative pancreatic fluid collections, accounting for 44 to 100% of cases across studies.
- This meta-analysis provides evidence for clinicians managing post-operative pancreatic fluid collections regarding the safety of early endoscopic intervention.

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