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Summary

PROPENSITY SCORE MATCHING ANALYSIS FOR CLINICAL IMPACT OF BRAIDED- VERSUS LASER-CUT-TYPE COVERED SELF-EXPANDABLE METAL STENTS FOR EUS-GUIDED HEPATICOGASTROSTOMY

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A retrospective study of 144 patients compared laser-cut versus braided-type self-expandable metal stents during EUS-guided hepaticogastrostomy, finding that laser-cut stents maintained significantly shorter distances between hepatic parenchyma and stomach wall, suggesting better anchoring to prevent migration.

KEY POINTS

- Among 144 patients, 24 underwent EUS-HGS with laser-cut-type stents (mainly by non-expert endoscopists, n=21) and 118 with braided-type stents (mainly by expert endoscopists, n=98).
- At one day post-procedure, the distance between hepatic parenchyma and stomach wall was significantly shorter with laser-cut-type stents (2.91 ± 1.88 mm) compared with braided-type stents (8.19 ± 6.07 mm), and this difference persisted at 7 days.
- After propensity score matching, the braided-type group showed a 4 mm increase in distance from day 1 to day 7, while the laser-cut-type group distance remained stable.
- The authors conclude that laser-cut-type stents may offer safer stent anchoring to prevent migration even when used by non-expert endoscopists, though they note a randomized trial is warranted.

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