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Summary

CLINICAL OUTCOMES OF PATIENTS RECEIVING EUS-GUIDED TREATMENT FOR WALLED-OFF NECROSIS OF THE PANCREAS ACCORDING TO THE TIMING OF NECROSECTOMY: THE WONDERFUL STUDY GROUP

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UEG Week Copenhagen 2023 | Poster

Pancreas

October 17, 2023

A Japanese multicenter retrospective study of 222 patients with walled-off necrosis compared clinical outcomes of early endoscopic necrosectomy (within 14 days), delayed necrosectomy (14-28 days), and drainage-only approaches following EUS-guided transmural drainage.

KEY POINTS

- Endoscopic necrosectomy was associated with shorter median time to clinical success compared to drainage-only treatment (62 days versus 92 days, P=0.043), though overall clinical success rates within 180 days were comparable across all groups.
- Early necrosectomy (within 14 days) showed a trend toward higher procedure-related adverse events at 25.4% compared to 8.3% for delayed necrosectomy and 11.8% for drainage-only (P=0.070).
- The endoscopic necrosectomy groups required more interventions (median 7 for early, 4.5 for delayed) compared to drainage-only (median 3, P<0.001).
- Baseline WON characteristics differed between groups, with the drainage-only group having more multi-locular collections (75%) and the delayed necrosectomy group having fewer pelvic cavity extensions (8.3%).
- The authors concluded that further research is needed to optimize timing of necrosectomy initiation and assess safety in this population.

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