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Summary

# COMPARISON OF ENDOSCOPIC ULTRASOUND-GUIDED VERSUS PERCUTANEOUS BILIARY DRAINAGE FOR PREOPERATIVE MANAGEMENT OF MALIGNANT DISTAL BILIARY OBSTRUCTION AFTER FAILED ERCP: A MULTICENTER RETROSPECTIVE STUDY

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Endoscopy | Hepatobiliary

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**In patients with malignant distal biliary obstruction after failed ERCP, EUS-guided biliary drainage achieved comparable surgical and oncological outcomes to percutaneous transhepatic biliary drainage, with superior internalization success, fewer interventions, and shorter preoperative hospital stay.**

## KEY POINTS

- This multicenter retrospective study from 15 Japanese centers compared PTBD and EUS-BD in 13 propensity-matched pairs of patients undergoing pancreaticoduodenectomy for periampullary cancer after failed ERCP.
- EUS-BD achieved significantly higher internalization success rate compared to PTBD (100% vs. 46%, P=0.005) and required fewer drainage sessions (median 1 vs. 2, P=0.015).
- EUS-BD was associated with significantly shorter hospital stay for drainage (11 vs. 17 days, P=0.042), with drainage-related adverse events tending to be lower though not statistically significant.
- Surgery-related outcomes including operative time, intraoperative blood loss, R0 resection rate, postoperative hospital stay, and surgery-related adverse events did not differ significantly between groups.
- No cases of needle tract seeding were observed, and median disease-free survival (14.2 vs. 16.8 months, P=0.22) and overall survival (17.9 vs. 27.9 months, P=0.167) were comparable between groups.

– The presenter concluded that EUS-BD may be preferable to PTBD after failed ERCP, particularly in patients scheduled for neoadjuvant therapy, given the advantages of internal drainage and shorter preoperative stay.

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