ENDOSCOPIC ULTRASOUND-GUIDED CHOLEDOCHODUODENOSTOMY VERSUS ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY FOR PRIMARY BILIARY DECOMPRESSION IN DISTAL MALIGNANT BILIARY OBSTRUCTION

Magdy Atwa

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 16, 2023

A prospective randomized controlled trial found that endoscopic ultrasound-guided choledochoduodenostomy and endoscopic retrograde cholangiopancreatography had comparable efficacy and safety for primary biliary decompression in unresectable distal malignant biliary obstruction.

KEY POINTS

- Technical success was 100% in both EUS-CDS (28 patients) and ERCP (34 patients) groups, with clinical success rates of 95.8% and 93.3% respectively.
- Overall adverse event rates were not significantly different between groups (8.3% for EUS-CDS versus 3.3% for ERCP, p=0.45), with complications including biliary peritonitis, bleeding requiring intervention, and mild pancreatitis.
- Median procedure times were similar (13 minutes for EUS-CDS versus 16 minutes for ERCP, p=0.57), and no patients in either group required reintervention during follow-up.
- This study addresses limitations of prior small studies that reported variable results when comparing these two approaches for distal malignant biliary obstruction.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/bdaf485a-743b-11ee-96c9-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.