

ADVERSE EVENTS RATE IN PLASTIC VERSUS METAL STENTING FOR BILE LEAKS MANAGEMENT AFTER LIVER TRANSPLANTATION

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Poster

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A single-center retrospective study of 30 post-liver transplant bile leak patients found no significant difference in safety or efficacy between plastic stents and fully covered self-expandable metal stents as first-line ERCP treatment.

KEY POINTS

- Both plastic stents (14 patients) and fully covered self-expandable metal stents (16 patients) achieved 100% technical and clinical success for treating post-liver transplant bile leaks with comparable adverse event rates (42.9% versus 37.5%, $p=0.1$) and no severe complications
- Among 13 patients with biliary strictures, resolution was achieved in 66.7% treated with fully covered self-expandable metal stents compared to 33.3% with plastic stents, showing a borderline significant difference ($p=0.05$) limited by small sample size
- A median of 2 ERCP sessions per patient were needed for complete bile leak resolution, with no patients requiring rescue procedures for persistent leak and only one recurrence during median 8-month follow-up
- The study included predominantly duct-to-duct anastomoses (96.7%) with anastomotic leaks being the most common type (85.7% in plastic stent group, 87.5% in fully covered self-expandable metal stent group)
- The authors suggest fully covered self-expandable metal stents could be considered as primary treatment rather than only rescue therapy, though this was a single-center retrospective study with 30 patients

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