RISK FACTORS FOR ENDOSCOPIC BILIARY DRAINAGE FAILURE IN MALIGNANT PANCREATOBILIARY OBSTRUCTION

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A retrospective single-center study of 206 patients with biliopancreatic tumors found endoscopic biliary drainage via ERCP achieved a 93.2% success rate, with bilirubin above 150 mg/L and abnormal papilla predicting failure, while distal bile duct stenosis and precut/Burdick technique predicted success.

KEY POINTS

- Overall success rate of endoscopic biliary drainage was 93.2% (192 of 206 patients) over a 5-year period (2019–2024).
- In multivariate analysis, bilirubin level above 150 mg/L (OR 3.13, p=0.01) and abnormal papilla appearance or position (OR 4.21, p=0.002) were independent predictors of drainage failure.
- Presence of distal bile duct stenosis (OR 0.3, p=0.05) and use of precut or Burdick technique (OR 0.44, p=0.047) were independent predictors of successful drainage.
- The study included pancreatic tumors (58%), cholangiocarcinomas (34%), and ampullary tumors (8%); stents were placed in 81.5% of patients, most commonly uncovered metal stents (58.2%).
- This material may be relevant to gastroenterologists and interventional endoscopists managing biliary obstruction in biliopancreatic malignancies.

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