TOP-DOWN VERSUS STEP-UP APPROACH AFTER EUS-GUIDED DRAINAGE OF INFECTED WALLED-OFF NECROSIS: A RANDOMIZED TRIAL

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A single-centre randomised trial found that upfront direct endoscopic necrosectomy at the time of EUS-guided drainage (top-down approach) reduced re-interventions, re-admissions, and hospitalisation days compared with on-demand necrosectomy (step-up approach) in patients with large infected walled-off necrosis containing significant solid debris.

KEY POINTS

- The trial enrolled 54 patients with infected walled-off necrosis greater than 10 cm in size with more than 30% solid debris, randomising 27 to each arm.
- The top-down arm (upfront necrosectomy at initial drainage) required fewer re-interventions than the step-up arm (necrosectomy only for clinical non-response at 72 hours): median 1 versus 2 procedures (p=0.02).
- Patients in the step-up arm had higher re-admission rates (44.4% vs 18.5%, p=0.04) and longer total hospitalisation (median 12 vs 4 days, p<0.01).
- Procedure-related complications (7.4% in each arm), new onset organ failure (11.1% vs 14.8%), and mortality (11.1% vs 18.5%) were similar between groups.
- This study is relevant to endoscopists and pancreatologists managing patients with large infected walled-off necrosis with substantial solid debris content.

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