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Summary

TEXTBOOK OUTCOMES OF EUS-GUIDED HEPATICOGASTROSTOMY ACCORDING TO INDICATION AND PRESENTING ANATOMY: A PROSPECTIVE COHORT STUDY

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In a prospective study of 83 patients undergoing EUS-guided hepaticogastrostomy for malignant biliary obstruction, only 54.2% achieved 30-day net clinical benefit and 45.8% achieved textbook outcome despite 95.2% technical success, with outcomes strongly dependent on liver drainage extent.

KEY POINTS

- Technical success was 95.2% and clinical success 70.9%, but 30-day net clinical benefit was only 54.2% and textbook outcome 45.8%, with best supportive care advised in 60.9% of patients.
- Procedure-related adverse events occurred in 28.4% of patients, with severe or fatal adverse events in 25.6%, and 30-day mortality was 21.8%.
- Net clinical benefit varied significantly by drainage extent: 36.4% for single-segment drainage versus 45.5% for left hemiliver versus 73.5% for whole liver drainage (p=0.02).
- Textbook outcome differed markedly by drainage extent: 9.1% for single-segment versus 39.4% for hemiliver versus 67.6% for whole liver (p=0.002).
- Clinical success was significantly lower for hilar versus distal or anastomotic stenosis (p=0.001), and adverse events were higher with partial versus complete liver drainage (p=0.001).
- The authors conclude that outcomes are deeply influenced by stenosis level and actual liver drainage, requiring personalized imaging-guided patient selection.

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