ENDOSCOPIC ULTRASOUND-GUIDED TECHNIQUES FOR BILIARY DRAINAGE - COMPARATIVE ANALYSIS OF SINGLE CENTER DATA

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UEG Week Vienna 2024 | Poster

Hepatobiliary

October 13, 2024

A single-center retrospective study of 126 patients found that EUS-guided hepaticogastrostomy and choledochoduodenostomy achieved comparable technical success, clinical success, and safety outcomes for biliary drainage in malignant obstruction.

KEY POINTS

- Technical success rates were 98.04% for EUS-HGS (102 patients) and 95.83% for EUS-CDS (24 patients), with no significant difference between groups.
- Clinical success, defined as bilirubin reduction by half within one week, was achieved in 80.46% of HGS cases and 80.95% of CDS cases.
- Procedural adverse events occurred in 7.84% of HGS and 4.76% of CDS patients, with proximal stent misdeployment being most common and managed conservatively or with fully covered SEMS placement.
- Early adverse events within seven days occurred in 14.71% of HGS and 16.67% of CDS patients, most commonly post-procedure infection, with no significant difference between techniques.
- Both techniques were used after failed ERCP or as first-line drainage in patients with surgically altered anatomy, supporting their role as valid alternatives in these settings.

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