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Summary

PREDICTING THE NEED FOR STEP-UP AFTER EUS-GUIDED DRAINAGE OF PERIPANCREATIC FLUID COLLECTIONS, INCLUDING QNI SCORE VALIDATION: A PROSPECTIVE COHORT STUDY

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UEG Week Vienna 2024 | Poster

Pancreas

October 13, 2024

In a prospective registry of 60 consecutive peripancreatic fluid collections undergoing EUS-guided drainage, the Quadrant/Necrosis/Infection (QNI) score was the only independent predictor of need for step-up to additional procedures.

KEY POINTS

- Among 60 peripancreatic fluid collections (23 post-surgical, 19 pseudocysts, 18 walled-off necrosis) treated with either LAMS or DPPS, clinical success was 92.9% but 38% required step-up to necrosectomy or additional procedures.
- High-risk QNI group status was the only independent predictor of step-up at multivariate analysis (OR 9.8, 95% CI 2.9-32.9), though the score did not stratify risk in WOPN-only or LAMS-only subgroups.
- Patients in the high-risk QNI group had significantly longer hospital stays (17.5 vs 4 days, p=0.001) with no difference in ICU stay or nutritional support.
- The QNI score strongly correlated with allocation to LAMS versus DPPS, suggesting a potential additional utility for treatment planning in this non-selective consecutive cohort.

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