

EUS-CDS WITH LAMS AND COAXIAL STENT VERSUS ERCP WITH FCSEMS FOR PRIMARY DRAINAGE OF DISTAL MALIGNANT BILIARY OBSTRUCTION: A POST-HOC ANALYSIS OF TWO PROSPECTIVE COHORTS

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Presentation

Endoscopy

Hepatobiliary

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EUS-guided choledochoduodenostomy with lumen-apposing metal stent plus coaxial stent achieved superior textbook outcome compared to ERCP with fully covered self-expandable metal stent at 30 days in patients with distal malignant biliary obstruction.

KEY POINTS

- Textbook outcome at 30 days was achieved in 90% of patients undergoing EUS-CDS versus 71% undergoing ERCP (RR 1.27, 95% CI 1.08-1.50) in this single-center study of 144 patients with distal malignant biliary obstruction.
- EUS-CDS resulted in fewer procedure- or stent-related adverse events (RR 0.35, 95% CI 0.14-0.84), with no post-procedure pancreatitis (0%) compared to 23% in the ERCP group.
- Hospital readmission rate was lower with EUS-CDS (6% versus 30%, RR 0.21, 95% CI 0.07-0.65), and mean length of hospital stay was shorter (0.3 days versus 1.8 days, $P=0.01$).
- Cholangitis rates with or without stent dysfunction (4% versus 6%), in-hospital mortality (8% versus 5%), and time to treatment initiation (median 33 versus 30 days) did not differ between groups.
- At 90 days, the difference in textbook outcome was no longer statistically significant (78% versus 69%, RR 1.22, 95% CI 1.02-1.44).
- The presenter stated that when expertise is available, EUS-CDS with coaxial stent placement could be considered as a primary biliary drainage technique in patients with distal malignant biliary obstruction.

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