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Summary

COMPARISON OF EUS-GUIDED CHOLEDOCHODUODENOSTOMY VERSUS EUS-GUIDED GALLBLADDER DRAINAGE IN PATIENTS WITH MALIGNANT DISTAL BILIARY OBSTRUCTION AFTER FAILED ERCP A RETROSPECTIVE MULTICENTER ANALYSIS (GALLBLADEUS STUDY)

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A retrospective multicenter study of 78 patients with malignant distal biliary obstruction found that gallbladder drainage had comparable clinical success to choledocoduodenostomy but significantly lower delayed morbidity.

KEY POINTS

- Clinical success rates were similar between gallbladder drainage and choledocoduodenostomy (88% vs 89.2%, p=0.848), defined as 50% bilirubin reduction in 14 days or reduction below 51 µmol/L at 30 days
- Delayed morbidity occurring after 24 hours was significantly lower with gallbladder drainage compared to choledocoduodenostomy (7.3% vs 27%, p=0.022), primarily due to lumen-apposing metal stent obstruction
- Overall survival and survival without biliary obstruction showed no difference between the two drainage approaches
- Gallbladder drainage was performed in patients with smaller mean bile duct diameter (13 mm vs 18 mm, p=0.001), suggesting it may be feasible when the bile duct is not sufficiently dilated for choledocoduodenostomy
- The study included 78 patients treated between July 2018 and September 2022 at four tertiary centers, with 82% having pancreatic adenocarcinoma and 76% having undergone the procedure after ERCP failure

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