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Summary

EUS-GUIDED HEPATICOGASTROSTOMY USING A NOVEL DEDICATED PARTIALLY COVERED STENT IN MALIGNANT BILIARY OBSTRUCTION (EPSILON); A PROSPECTIVE COHORT STUDY

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A prospective single-center study of 25 patients found that EUS-guided hepaticogastrostomy using a dedicated partially covered metallic stent achieved 84% technical success and 95% clinical success with no severe periprocedural adverse events in patients with inoperable malignant biliary obstruction.

KEY POINTS

- Technical success was achieved in 21 of 25 patients (84%), with procedure failures due to self-limiting bleeding, unsuccessful cannulation, or previously unidentified intrahepatic strictures precluding adequate drainage
- Clinical success, defined as at least 50% decrease in bilirubin within 14 days, was achieved in 18 of 19 evaluable patients (95%)
- No severe periprocedural adverse events occurred, though three patients (14%) were re-admitted with presumed cholangitis within 30 days
- Six of 18 patients with initial clinical success developed recurrent biliary obstruction after a mean of 105 days, caused by tissue hyperplasia at the uncovered stent portion or sludge obstruction, all successfully managed with re-intervention
- This material is most relevant for interventional endoscopists managing complex malignant biliary obstruction in patients with duodenal obstruction, altered anatomy, or failed ERCP drainage

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