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Summary

EDIGO: A BEDSIDE SCORE FOR EARLY RISK STRATIFICATION AND POST-PROCEDURAL MANAGEMENT AFTER INITIAL ERCP OR EUS-GUIDED BILIARY DRAINAGE FOR MALIGNANT BILIARY OBSTRUCTION

Sébastien Godat

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EDIGO is a five-item bedside score derived from 461 patients that stratifies 7-day adverse event risk after initial endoscopic biliary drainage for malignant obstruction, achieving good discrimination (AUC 0.779) and strong rule-out performance for early triage.

KEY POINTS

- In this single-centre retrospective cohort, 15.4% of patients experienced a clinical adverse event within 7 days of initial ERCP or EUS-guided biliary drainage for malignant biliary obstruction, with 9.8% experiencing major events.
- The EDIGO score incorporates five independent predictors: ASA III status, preprocedural cholangitis, altered anatomy, baseline total bilirubin level, and Bismuth-Corlette type IV obstruction, generating a 0-7 point scale.
- At the low-risk threshold (EDIGO 0-1), 34.7% of patients were classified with 97.5% negative predictive value and an observed 2.5% adverse event rate, while stepwise rates rose to 16.8% for EDIGO 2-4 and 53.3% for EDIGO ≥5.
- Clinician-selected outpatient management involved a similar proportion of patients (34.1%) but was associated with a higher adverse event rate (10.8%), with 44% of outpatients scoring as non-low-risk and experiencing a 20% event rate.
- Prospective multicentre external validation is required before routine implementation; this tool may support early triage decisions alongside clinical judgement for identifying patients suitable for outpatient care versus closer monitoring.

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