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Summary

SAFETY AND EFFECTIVENESS OF REINTERVENTION FOR RECURRENT BILIARY OBSTRUCTION AFTER EUS-GUIDED HEPATICOGASTROSTOMY USING SELF-EXPANDABLE METAL STENTS

Shinya Takaoka

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A retrospective study of 45 patients found that reintervention for recurrent biliary obstruction after EUS-guided hepaticogastrostomy was technically feasible and clinically effective with minimal adverse events, particularly in distal malignant biliary obstruction.

KEY POINTS

- Among 177 patients who underwent EUS-HGS between 2011 and 2023, 45 required reintervention for recurrent biliary obstruction at a median of 80 days, most commonly due to hyperplasia at the uncovered stent portion (53.3%).
- Technical success was achieved in 88.9% of reinterventions, and clinical success reached 95.5% after salvage procedures in technical failures, with only one mild adverse event and no severe complications or procedure-related deaths.
- Patients with distal malignant biliary obstruction had longer time to recurrent obstruction (168 vs 118 days) but shorter overall survival (113 vs 345 days) compared to proximal disease.
- Proximal malignant biliary obstruction was independently associated with technical failure of reintervention (OR 7.26, p = 0.046).
- This material is relevant for gastroenterologists and interventional endoscopists managing patients with malignant biliary obstruction treated with EUS-HGS.

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