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Summary

Upper GI: Malignant gastric outlet obstruction – EUS gastroenterostomy and surgical intervention

Styliani Mantziari

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EUS-guided gastrojejunostomy is emerging as the preferred treatment for malignant gastric outlet obstruction, but requires awareness of complications such as missed deployment, which can often be managed endoscopically with timely wire placement.

KEY POINTS

- The speaker presented a case of missed deployment during EUS-guided gastrojejunostomy where the distal end punctured the opposite jejunal wall into free abdominal space, successfully managed by placing a wire to confirm position and using through-the-scope clips to close the defect.
- A randomized multicenter study comparing approximately 50 patients per arm showed that EUS-guided gastrojejunostomy had lower reintervention rates and better clinical outcomes compared to duodenal stenting, as stated by the speaker.
- Missed deployment occurs in 3 to 10 percent of cases in most series, and the speaker emphasized that timely use of a wire is essential for recognizing and managing these complications endoscopically.
- A meta-analysis of 13 comparative studies reported that endoscopic gastrojejunostomy had significantly higher odds of clinical success and fewer total adverse events compared to surgical gastrojejunostomy when benign and malignant obstructions were considered together.
- The speakers recommended endoscopic gastrojejunostomy as the standard of choice in most cases, followed by surgery in selected cases, particularly when resection is possible, noting this is a multidisciplinary decision where life expectancy and surgeon experience matter.
- During discussion, the speaker acknowledged that patients with longer life expectancy may benefit more from surgical gastrojejunostomy due to concerns about restenosis with the endoscopic approach, particularly with the 15 millimeter Axios stent.

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