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Summary

EFFICACY AND SAFETY OF EMERGENT ENDOSCOPIC GALLBLADDER DRAINAGE

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A study of 81 patients with moderate to severe acute cholecystitis at high surgical risk found that a rescue strategy combining endoscopic transpapillary gallbladder drainage with same-session EUS-guided drainage after technical failure achieved higher technical success and shorter hospitalization than transpapillary drainage alone.

KEY POINTS

- The EGBD rescue strategy (EUS-GBD after failed ETGBD in the same session) achieved significantly higher overall technical success compared to ETGBD alone (97.6% versus 82.5%, P=0.023) in 40 ETGBD and 41 EGBD patients
- Clinical success rates and adverse event rates were similar between the two groups (P=0.858 and P=0.665, respectively)
- Length of hospitalization was significantly shorter with the EGBD rescue strategy compared to ETGBD alone (6.5 versus 10.1 days, P<0.001)
- The authors conclude this rescue approach may be ideal for emergency endoscopic gallbladder drainage in patients with moderate to severe acute cholecystitis who are at high risk for surgery

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