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Summary

THE USEFULNESS OF EUS-AS+HGS (HEPATICOGASTROSTOMY WITH ANTEGRADE STENTING) OR PERFORMING ENDOSCOPIC ULTRASOUND-GUIDED BILIARY DRAINAGE

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Pancreas

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A retrospective study of 68 patients with unresectable malignant biliary obstruction found that EUS-guided hepaticogastrostomy with antegrade stenting had longer time to recurrence and lower reintervention rates than hepaticogastrostomy alone.

KEY POINTS

- In 68 patients who failed transpapillary biliary drainage from April 2017 to December 2020, 22 underwent EUS-AS+HGS and 46 underwent EUS-HGS
- Time to recurrence of biliary obstruction was significantly longer in the EUS-AS+HGS group compared to the EUS-HGS group (p=0.03)
- The reintervention rate was significantly lower in the EUS-AS+HGS group than in the EUS-HGS group (p=0.03)
- Technical success rate, overall survival, clinical success rate, adverse event rate, and length of hospital stay showed no significant differences between the two groups
- The authors suggest EUS-AS+HGS is the preferred treatment when guidewire penetration of the biliary stricture is possible

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