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Summary

CHOLANGIOSCOPIC CHARACTERIZATION AND RISK STRATIFICATION IN PSC PATIENTS

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Retrospective study of 111 ERCs in PSC patients found that single-operator cholangioscopy-identified acute inflammatory biliary phenotype independently predicted shorter transplant-free survival and was associated with more severe disease markers.

KEY POINTS

- In 56 PSC patients who underwent ERC with single-operator cholangioscopy, 50% showed heterogeneous mucosal changes with at least two phenotypes, most commonly fibrostenotic (69.9%) and chronic inflammatory (39.3%) types.
- Acute inflammatory phenotype was associated with more advanced strictures, higher bilirubin, more frequent pruritus, and significantly shorter transplant-free survival (13.5 vs 21.2 months, p=0.02) compared to patients without this phenotype.
- Acute inflammatory phenotype remained an independent risk factor for shorter transplant-free survival in multivariable analysis (p=0.002), while chronic inflammatory and fibrostenotic phenotypes were associated with less severe disease markers.
- Cholangioscopy-targeted biopsies detected inflammation in 60% of cases versus 37.8% with fluoroscopy-guided biopsies, revealing inflammation in fluoroscopically normal-appearing ducts.
- Additional single-operator cholangioscopy during ERC was not associated with increased complication rates for fever, pain, pancreatitis, perforation, or hospitalization duration.

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