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Summary

THE EFFICACY OF EUS-GUIDED HEPATICOGASTROSTOMY (EUS-HGS) FOR POSTOPERATIVE ANASTOMOSIS BENIGN STENOSIS

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A retrospective study of 28 patients treated with EUS-guided hepaticogastrostomy and multiple plastic stents for postoperative bile duct-jejunal anastomosis stenosis reported 74% successful stent removal in benign cases after one year.

KEY POINTS

- In benign strictures passing one year after EUS-HGS, stent removal was achieved in 74% of cases (14/19), with an average stenting duration of 484 days.
- Adverse events during EUS-HGS occurred in 4 cases and included mediastinitis from esophageal puncture, mild cholangitis, and bile leakage, all managed conservatively.
- Stricture recurrence occurred in 3 cases requiring re-drainage, with an average of 278 days from stent removal to recurrence.
- The treatment protocol involves EUS-HGS with initial single stent placement, addition of a second stent after 1-2 months, and stent exchanges every 3 months with peroral cholangioscopy.
- The authors conclude that multiple plastic stent placement via EUS-HGS appears effective for postoperative anastomotic strictures but note the need for larger case series and longer follow-up.

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