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Summary

EUS-guided biliary drainage (Complete Session)

UEG Week Berlin 2025 | Presentation

Endoscopy | Hepatobiliary

October 6, 2025

Three expert cases illustrate endoscopic rescue strategies for EUS-guided biliary drainage complications and decision-making for combined gastric outlet and biliary obstruction in malignant disease.

KEY POINTS

- Technical failure of EUS choledochoduodenostomy occurs in approximately 7% of cases, with common bile duct diameter under 15mm, stricture presence, and low operator experience identified as key risk factors in multicentre studies.
- When LAMS maldeploys during choledochoduodenostomy, rescue options include placing a second LAMS through the first (as demonstrated with a 10mm LAMS through a 6×8mm LAMS without cautery), with successful rescue associated with fewer long-term adverse events than failed rescue.
- For Type 1 maldeployment where a stent deploys entirely within the bile duct, the speaker demonstrated delayed cholangioscopic extraction through a previously placed rescue LAMS as a viable management approach, with the patient remaining asymptomatic despite 24-hour delay.
- The speaker advocated for EUS-guided hepaticogastrostomy over choledochoduodenostomy in a case with combined duodenal and biliary obstruction, citing recent meta-analysis data showing fourfold higher stent dysfunction risk with choledochoduodenostomy despite ESGE guidelines favouring the latter for distal obstruction.
- In combined gastric outlet and biliary obstruction from locally advanced pancreatic cancer, same-session EUS gastroenterostomy and hepaticogastrostomy was presented as feasible, with the patient discharged on soft diet after three days and tolerating normal diet during oncological treatment.
- Panel discussion highlighted that surgical teams may prefer external drainage or choledochoduodenostomy over hepaticogastrostomy in borderline resectable cases to preserve surgical options, though the speaker noted this remains a controversial and evolving area with limited data on whether EUS drainage compromises subsequent surgery.

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