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Summary

NEW-ONSET DIABETES AFTER ENDOSCOPIC ULTRASOUND-GUIDED DRAINAGE WITH LAMS: A PILOT STUDY

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Pancreas

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In patients with symptomatic walled-off necrosis treated by EUS-guided drainage with lumen apposing metal stents, 27% developed new-onset diabetes within one year, with the number of direct endoscopic necrosectomy sessions being the only significant independent risk factor.

KEY POINTS

- Of 37 patients without prior diabetes who underwent EUS-guided drainage for symptomatic walled-off necrosis, 10 patients (27%) developed new-onset diabetes within one year after stent removal, compared to 2% in matched healthy controls (p=0.002).
- Multivariate analysis identified the number of direct endoscopic necrosectomy sessions as the only significant factor for new-onset diabetes occurrence (OR=7.05, p=0.010).
- Patients who developed new-onset diabetes were older (63.5 vs 56 years, p=0.042), more frequently had walled-off necrosis in the body and tail or entire pancreas (p<0.001), and underwent more necrosectomy sessions (median 4 vs 1, p<0.001) than those who remained non-diabetic.
- This retrospective study of 50 patients followed for at least 12 months provides quantitative data on diabetes risk following endoscopic treatment of pancreatic necrosis, relevant for gastroenterologists managing necrotizing pancreatitis complications.

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