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Summary

EFFECT OF SAME-SESSION ENDOSCOPIC ULTRASONOGRAPHY ON ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN PANCREATICOBILIARY DISEASES: A RANDOMIZED CONTROLLED TRIAL

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A randomized controlled trial of 208 patients demonstrated that performing EUS immediately before ERCP significantly improved treatment strategy concordance (89.7% vs 71.8%, P=0.002) and avoided unnecessary ERCP in 17.1% of cases.

KEY POINTS

- Among 208 randomized patients (105 EUS+ERCP, 103 ERCP alone), strategy concordance between planned and actual intervention was significantly higher with pre-ERCP EUS (89.7% vs 71.8%, P=0.002).
- EUS findings precluded the need for ERCP in 18 patients (17.1%) in the EUS+ERCP group, safely avoiding unnecessary procedures.
- The EUS+ERCP group had significantly lower fluoroscopy time, radiation dose, DAP, and ERCP procedure time compared to ERCP alone (all P<0.05).
- No significant differences were observed between groups in technical success, difficult cannulation, total procedure time, or complication rates (all P>0.05).
- The findings suggest pre-procedural EUS should be considered when feasible for patients with an ERCP indication to optimize clinical decision-making.

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