

## #125 - CLINICAL AND TECHNICAL SUCCESS OF EUS-GUIDED ANTEROGRADE DRAINAGE OF OBSTRUCTED BILIARY OR PANCREATIC DUCT: A SINGLE-CENTER EXPERIENCE

<https://doi.org/10.46613/congastro2023-125>

Robles C<sup>1</sup>, Alcivar J<sup>1</sup>, Puga M<sup>1</sup>, Egas M<sup>1</sup>, Baquerizo J<sup>1</sup>, Arevalo M<sup>1</sup>, Cunto D<sup>1</sup>, Del Valle R<sup>1</sup>, Alvarado H<sup>1</sup>, Pitanga H<sup>1</sup>

<sup>1</sup>Instituto Ecuatoriano de Enfermedades Digestivas (IECED), Guayaquil, Ecuador

**BACKGROUND:** The first-line treatment for obstructed biliary or pancreatic ducts is endoscopic retrograde cholangiopancreatography (ERCP); 10-15% have failed access due to the inability to cannulate the papilla. Endoscopic ultrasound-guided biliary drainage (EUS-BD) or pancreatic duct drainage (EUS-PDD) are direct real-time access to the ducts. They are alternatives to high morbimortality percutaneous drainage.

**AIM:** To assess antegrade's clinical and technical success in non-neoplastic biliary and pancreatic duct drainage.

**METHODS:** Retrospective analysis (Jan/2021-Oct/2022). The endpoints were clinical and technical success, adverse events, re-stenosis, and reintervention.

**RESULTS:** Twenty patients were included (15/20 EUS-BD, 5/20 EUS-PDD). EUS-BD: inability to cannulate the papilla was due to stenosis secondary to 6/15 laparoscopic cholecystectomy, 7/15 conventional cholecystectomy, 1/15 gallbladder neoplasia, 1/15 Y-Roux. In 4/15 a previous attempt was performed: 1/4 balloon dilation, 1/4 percutaneous transhepatic biliary drainage and 2/4 stenting. Antegrade drainage was performed on 7/15 using a single pigtail, 5/15 double pigtail and 3/15 lumen-apposing metal stent (LAMS). Stomach puncture was the preferred approach site (13/15). A 15/15 technical success was achieved, but a 9/15 clinical success based on bilirubin decreased. Adverse events in 3/15 cases: bleeding, cholangitis and subhepatic fluid collection. Stent migrated in 3/15 cases. There was no re-stenosis; reintervention was necessary on 8/15. One patient died. EUS-PDD: antegrade drainage was decided due to chronic pancreatitis and recurrent choledocholithiasis in 3/5 and 2/5 cases, respectively. In 3/5 there was necessary cautery-assisted dilation. In 1/5 there was also necessary balloon dilation. Used stents included single and double pigtail, LAMS and self-expandable metal stent (SEMS). Technical and clinical success was achieved in 5/5, with no adverse events.

**CONCLUSIONS:** Antegrade EUS-BD and EUS-PDD for managing non-neoplastic obstructed biliary and pancreatic ducts are valuable alternatives when ERCP is not feasible. Reintervention after EUS-BD and EUS-PDD appears to be related to stent migration and re-stenosis, respectively.