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Abstract Discussion Forum **(0)**

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ENDOSCOPIC-ULTRASOUND GUIDED GASTRO-JEJUNOSTOMY FOR MALIGNANT GASTRIC OUTLET OBSTRUCTION IS READY FOR PRIME TIME: A LARGE MULTICENTER EXPERIENCE.

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Track: Pancreatic Diseases

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Aims: The aim was to describe technical feasibility and clinical outcomes of Endoscopic-ultrasound-guided gastrojejunostomy (EUS-GJ) when used as a first line treatment option for malignant gastric outlet obstruction (mGOO) in patients without prior enteral stenting.
Methods: In this large multicenter study patients undergoing EUS-GJ across seven tertiary care centers were analyzed. EUS-GJ was performed by 2 techniques: 1) wireless EUS-guided gastroenterostomy simplified technique (WEST) using naso-jejunal tube (Figure 1 A - H), and 2) EUS-guided double balloon-occluded gastrojejunostomy bypass (EPASS). The primary outcomes were a) technical success defined as correct stent placement without any leak, and b) clinical success defined as improvement in Gastric outlet obstruction symptom score (GOOSS) on follow-up. Secondary outcome were :a) adverse events rates, b) symptoms recurrence, c) death on follow up, d) resumption of chemotherapy and e) need for re-intervention. Kaplan Meir survival analysis was also done.
Results : Total 71 patient underwent primary EUS-GJ with technical success of 94.3% (67/71). WEST technique was used 89.5%, whereas EPASS balloon was only used in 5 (7.5%) patients due to its limited availability across different centres. After successful stent placement all patients tolerated oral liquid diet on day 1, whereas 89.5% and 95.5% tolerated oral solid diet on day 2 and day 7 respectively. Overall 9/71(12.6%) patients had major adverse events which included mal-deployment in 6/71(8.4%). Mal-deployment was type I in 4, type II in 1 and type III in 1 patient. Twenty three (34.3%) suffered minor adverse events with pain being most common(27%) followed by fever (3%), aspiration (1.5%) and diarrhoea (3%). Mean duration of follow-up was 76.13Â±58.09 days. On follow up re-intervention was required in 2 (3%) patients. Around 2/3rd patients gained weight and could resume there chemotherapy post EUS-GJ. Kaplan Meir survival analysis showed that post EUS-GJ, median event (recurrence of symptoms or death) free survival was 145 days (95 %CI, 108-180) (Figure 2) .
Conclusion: EUS-GJ is an excellent modality for palliation of malignant GOO providing high clinical success with extremely low rates of re-intervention and acceptable safety profile. It should be considered as a primary modality for managing these patients and enteral stent should be reserved for patients where EUS-GJ is not possible.

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