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ENDOSCOPIC TRANSMURAL DRAINAGE OF WALLED-OFF NECROSIS IN DIFFICULT SITUATIONS USING A FORWARD VIEWING ECHOENDOSCOPE

**Society:** AGA**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Surinder Singh Rana<sup>1</sup>, Sachin Hosahally Jayanna<sup>1</sup>, Ravi Sharma<sup>1</sup>, Mandeep Kang<sup>1</sup>, Rajesh Gupta<sup>1</sup>

1. GASTROENTEROLOGY, Post Graduate Institute of Medical Education and Research, Chandigarh, Chandigarh, India.

**Introduction:** Endoscopic transmural drainage (ETD) using a therapeutic oblique-viewing (45°) echoendoscope is the procedure of choice for symptomatic walled-off necrosis (WON). However, occasionally the procedure fails because of poor visualization, non-negotiation of proximal luminal narrowing, or difficult puncture because of the oblique angle. In these situations, a forward-viewing echoendoscope (FVE) can aid in the completion of the procedure.

**Objective:** To retrospectively evaluate the safety and efficacy of ETD for WON using FVE.

**Methods:** The endoscopic database of our unit was retrospectively searched for all patients who had undergone EUS-guided drainage of WON over the last 13 years to identify patients who had undergone ETD with FVE because of failure to complete drainage using a therapeutic oblique-viewing echoendoscope. The baseline demographic features, clinical characteristics, indications of intervention, technical as well as clinical success, type of stent deployed, and post-procedure complications, if any, were retrieved from the database.

**Results:** Twenty-one patients (18 M; age range, 12–54 years) underwent ETD using FVE. The etiology of acute necrotizing pancreatitis (ANP) was alcohol, gallstones, Post ERCP pancreatitis, and idiopathic in 13, 5, 1, and 2 patients, respectively. The size of the WON ranged from 9 cm to 18 cm, and the location was head, body, tail, and body as well as tail in 2, 5, 2, and 12 patients, respectively, and the intervention was done after 5-24 weeks following an attack of ANP. ETD using a therapeutic oblique-viewing echoendoscope failed due to poor visualization, non-negotiation of the gastroesophageal junction, or difficult puncture because of oblique angle in 11, 6, and 4 patients, respectively. Using a forward viewing echoendoscope, ETD could be successfully accomplished in all patients, and lumen-apposing metal stents (LAMS), nasocystic drains, and multiple plastic stents were placed in 12, 2, and 7 patients, respectively. No complications or stent misdeployments were encountered in any patient.

**Conclusions:** ETD of WON using an FVE is safe and effective and can be used in situations where the collections are difficult to drain using a conventional therapeutic oblique-viewing echoendoscope.

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Sachin Hosahally Jayanna

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