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ENDOSCOPIC ULTRASOUND (EUS)-GUIDED GALLBLADDER DRAINAGE VS EUS-GUIDED BILE DUCT DRAINAGE FOR FIRST LINE THERAPY OF MALIGNANT BILIARY OBSTRUCTION: AN INTERNATIONAL MULTICENTER STUDY

Society: ASGE**Track:** Biliary Tract Diseases**Author(s) and Affiliation(s):**

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Introduction: Endoscopic ultrasound (EUS)-guided gallbladder drainage (GBD) and EUS-guided choledocoduodenostomy (CDS) with lumen-apposing metal stents (LAMS) are alternative approaches to endoscopic retrograde cholangiopancreatography (ERCP). We compared EUS-GBD and EUS-CDS as first line therapies in the management of distal malignant biliary obstruction (DMBO).

Methods: This was an international multicenter retrospective observational study at 28 tertiary-care centers through August 2024. Consecutive patients with DMBO who underwent EUS-GBD or EUS-CDS as first line therapy with LAMS placement were included. Outcomes were compared using propensity score matching. Clinical success was the primary outcome, with technical success, adverse event (AE) rate and overall survival being the secondary outcomes.

Results: Two hundred and ninety-one patients (130 males; average age 74 ± 12 years) underwent EUS guided drainage where 82 patients underwent EUS-GBD, and 209 patients underwent EUS-CDS. Most patients developed MBO from pancreatic cancer (79%). After 1-to-1 propensity score matching, 154 patients were selected (77 per group). EUS-GBD and EUS-CDS had similar technical success rates (96% vs 99%, p=0.311) and clinical success rates (86% vs 92%, p=0.199). Eleven (14.2%) patients in each group experienced an AE (p=1.0), of which 6 (8%) severe in each group (p=1.0). On univariate analysis, the type of EUS drainage procedure was not a significant predictor of technical success (p=0.335) or clinical success (p=0.205).

Conclusion: Our study showed that in patients with MBO, the use of EUS-GBD or EUS-CDS were comparable with similar rates of efficacy and safety. EUS-GBD could represent an easy and safe option in patients with DMBO without previous cholecystectomy and with a clear patency of the cystic duct.

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