

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

IS THERE A LINK BETWEEN PERIAMPULLARY DIVERTICULA AND BILIOPANCREATIC DISEASES? AN EUS APPROACH TO ANSWER THE QUESTION

This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1632820> since 2017-05-06T19:24:45Z

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

6th European EUS Congress

11-12 November 2015

Sheraton Hotel, Edinburgh, Scotland, UK



Local Organisers: Colin McKay (UK), Ian Penman (UK)

Conference website:

www.maximillionevents.co.uk/egeus2015

Course administrator:

Sarah Esslemont, Maximillion Events

Tel: +44 131-333-0066

Email: sarah@maximillion.co.uk

Follow us
@EGEUS2015



1. IS THERE A LINK BETWEEN PERIAMPULLARY DIVERTICULA AND BILIOPANCREATIC DISEASES? AN EUS APPROACH TO ANSWER THE QUESTION.

Bruno Mauro, Fasulo Roberta, Gaia Silvia, Marietti Milena, Ribaldone Davide Giuseppe, Riso Alessandro, Stradella Davide, Strona Silvia, Rizzetto Mario, De Angelis Claudio.
Department of Gastroenterology and Digestive Endoscopy, Città della Salute e della Scienza di Torino, San Giovanni Battista Hospital, University of Turin, Italy

INTRODUCTION:

The prevalence of periampullary diverticula (PAD) varies in literature from 0.16 to 27%. Many studies, all in an ERCP setting, have been conducted to establish if a link exists between PAD and biliopancreatic diseases but the issue is still debated.

METHODS:

We retrospectively reviewed our EUS database from January 2001 to December 2014. Enrolling patients scheduled for radial EUS with an indication that entailed the exploration of the second duodenum. A radial echoendoscope from Olympus (50-55 degrees oblique viewing) was employed. For each patient with PAD, 5 controls were randomly selected for statistical analysis. The presence of a PAD was diagnosed either endoscopically or by its characteristic EUS appearance after instilling 100-200 ml of de-aerated water to fill and extend the duodenal lumen.

RESULTS:

2475 patients met the inclusion criteria. Among them 185 subjects with PAD were found (prevalence 7.5%), 925 subjects served as controls. Patients with PAD were older than controls (mean age 69.8 ± 11.3 vs 61.4 ± 13.7 years; $p < 0.0001$), had a higher prevalence of common bile duct (CBD) dilation (44.3 vs 27.5%; OR 2.1, $p < 0.0001$) and a higher prevalence of CBD stones (34 vs 20.8%; OR 1.97, $p = 0.0001$). No differences between PAD patients and controls were found as far as gender, history of jaundice, of acute/recurrent pancreatitis or EUS signs of chronic pancreatitis are concerned.

CONCLUSIONS:

To our knowledge, this is the first study that has assessed PAD prevalence using EUS. We demonstrated that PAD can be seen either endoscopically (at least using an oblique viewing echoendoscope) or endosonographically and found a prevalence that is in keeping with the existent literature. As other Authors in an ERCP setting, we demonstrated a link between PAD and CBD stones and dilatation. Despite many anecdotal reports, we could not confirm a link between PAD and pancreatic disease.

2. BIRMINGHAM EXPERIENCE OF ENDOSCOPIC ULTRASOUND (EUS) GUIDED PANCREATIC FLUID COLLECTION (PFC) DRAINAGE: REVIEW OF 100 CONSECUTIVE CASES

C. Shekhar, B. Maher, C. Forde, B. S. Mahon
Queen Elizabeth Hospital, Birmingham, United Kingdom

Introduction:

Endoscopic ultrasound guided drainage is an effective, minimally invasive first line modality for the drainage of pancreatic fluid collection (PFC) resulting in reduced morbidity and hospital stay compared with surgical cystogastrostomy. The revised Atlanta classification subdivides peripancreatic collections more than 4 weeks old as either pancreatic pseudocyst (PP) or walled-off necrosis (WON).

Method:

Retrospective analysis of 100 consecutive EUS guided drainages of PFC was undertaken with imaging follow-up to 12 months post stent removal.

Results:

In 76 cases of PP and 24 of WON, drainage was successful in 94 patients after 1 procedure and a total of 96 patients after 2 procedures comprising of (97% (77/79) in PP and 92% (22/24) WON). Sign/symptoms of infection were present in 4% (3/76) PP and 42% (10/24) WON. Median size of cyst was 9 cm (3-23cm). All but one case (93/94) had successful placement of 2 (1-3) 7Fr stents. Median interval for stent removal was 7 months (3.5-12 months). In 2 patients, the stent fell out spontaneously. Symptom improvement and cyst resolution was achieved in 94% (89/94) cases. 9% (8/94; 6 PP and 2 WON) required 2 further EUS guided dilatations of the tract and additional stent insertion.

In 4% further intervention was required: 1 WON (surgery) and 3 PP (CT guided external drain). Complications included bleeding 4% (4/94) of which 1 required endoscopic intervention and 3 treated conservatively, infection 4% (4/94, 2 requiring external drain) and intraperitoneal leak 1% (1/94, requiring external drain). There were no cases of cyst recurrence after stent removal.

Conclusion:

In this series, positive and safe outcomes are achievable with the use of standard double pigtail