AXIOS Lumen Apposing Metal Stent in the Treatment of Peripancreatic Fluid Collections, 4 Year Retrospective Observation at a Large Care Center

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Published In/Presented At

Kloska, M., Hrad, V., Aleem, A., Aggarwal, S., Shah, S., Zator, Z., & Shah, H. (2020, October). *AXIOS Lumen Apposing Metal Stent in the Treatment of Peripancreatic Fluid Collections, 4 Year Retrospective Observation at a Large Care Center*. Poster presented at: ACG Annual Scientific Meeting, Virtual.

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Introduction

- Peripancreatic fluid collections (PFCs) are one of the most common complications of acute pancreatitis.
- The majority of PFCs resolve spontaneously, the rest form mature cysts filled with either necrotic debris or with fluid, classified as walled off pancreonecrosis (WOPN) and pancreatic pseudocysts (PP) respectively.
- Electrocautery enhanced AXIOS™ lumen-apposing metal stents (EEAL) has primed EUS guided drainage as a treatment of choice for PFCs.

Methods

- IRB approved retrospective chart review of EEAL performed at a large quaternary care center.
- Procedural data including technical and clinical success rate were collected and analyzed.
- Clinical success rate was measured by symptoms resolution at first outpatient office visit and by cyst resolution (complete, incomplete (>50%) or partial (<50%).

Results

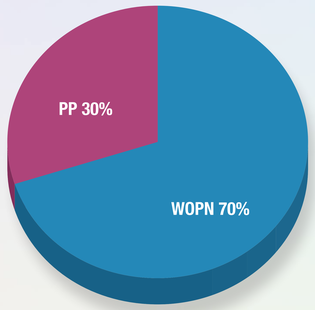
- 38 patients underwent 51 EEAL procedures for the treatment of PFCs.
- 92.2% of the cysts were at least 6cm in diameter.
- 11 patients required multiple EEAL placement, of whom 7 patients had multiple cysts requiring separate treatments, 2 patients had reoccurrence of the cysts requiring drainage, 1 patient required 2 EEAL placed for one large septated cyst and 1 patient required 2 attempts to place the stent.
- Technical success rate was 96.1%, 2 times EEAL angulated during placement (stent dislodgment to the stomach, stent placement to the fluid surrounding the PFCs)
- Only after 5 interventions (9.8%) patients didn't experience any clinical improvement post-procedurally of which 2 required surgical intervention, 2 had cyst reoccurrence and 1 had stent placement in the pericystic area.
- The average hospital stay after EEAL placement was 7.89 days with a mean of 3.5 days.

Conclusion

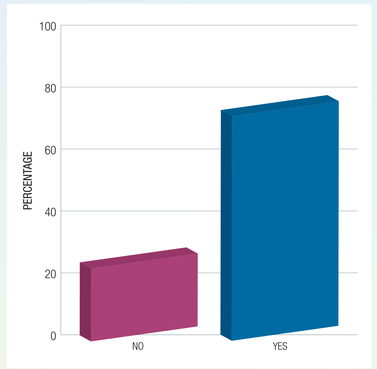
Our data demonstrates safety and efficacy of EEAL use in the treatment of PFCs with a high technical success rate of 96.1%. Over 90% of patients experienced partial or complete resolution of their symptoms and 83.4% had at least 50% of cyst size reduction was noted. Larger studies in this area is needed to prove EEAL's superiority over more traditional methods of treating PFCs.

Mean age	54.5 (22-75) yo
Gender	Male 71% Female 29%
Infected necrosis	37.3%
PFC reoccurrence	12.5%
Surgical intervention	3.9%

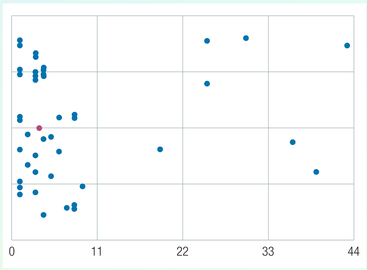
PFC type



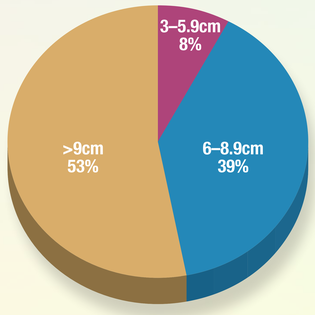
Symptoms resolution



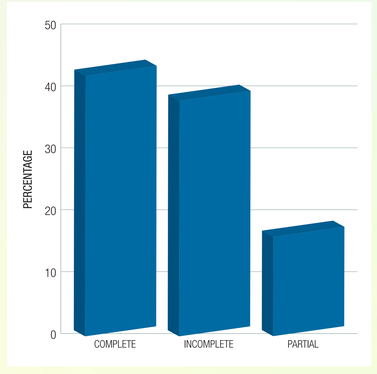
Hospital stay (days post LAMS placement)



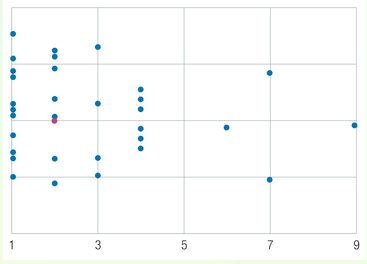
PFC size



PFC size reduction



Number of washouts



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