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HPB P37 Outcomes following EUS choledocho-duodenostomy for the palliative treatment of peri-ampullary cancer following unsuccessful ERCP – A single centre experience

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Background: EUS-guided choledocho-duodenostomy is an option to relieve jaundice after a failed ERCP, in patients with locally advanced or metastatic peri-ampullary cancers. We aim to assess the technical success, safety and outcomes of the procedure in our practice.

Methods: All consecutive adult patients that underwent EUS-guided CBD stent placement after a failed ERCP between December 2019 and May 2022 at the Queens Medical Centre, Nottingham were included. Studied variables included demographics, technical characteristics and outcomes including length of stay, normalisation of bilirubin level, complication rate and 30-day mortality rate.

Results: Twenty-six consecutive patients were included in this study (12 males, 14 females). The mean age was 75 (range 52–92) years. Pancreatic cancer was present in 15 patients (57.6%), 4 patients (15.3%) each had ampullary cancer and other malignant peri-ampullary lesions while 3 patients (11.5%) had duodenal cancer. Metastatic disease was present in 13 patients (50%). Mean ECOG status was 2 (n= 13). ERCP was unsuccessful due to an inability to cannulate the CBD (n= 3), duodenal tumour infiltration (n=10), destroyed ampulla (n=6) and inaccessible papilla (n=5).

EUS-guided CBD stent placement was successful in 24 patients (92.3%). The mean CBD diameter at presentation was 19.5 mm (range 14–32) and mean distance between the bile duct and duodenum was 4.2 mm.

The complication rate was 15.3% (4/26 patients). Complications included cholecystitis, stent blockage, slow bleeding and bowel perforation after a displaced stent. Median post-procedure LOS was 5.5 days. A reduction in bilirubin to <50% was observed in 19 patients (73%) by discharge. There were 2 biliary re-interventions in the group. The overall 30-day mortality rate was 38.4% (n=10) with a procedure specific mortality of 11.5% (n=3).

Conclusions: EUS-guided choledocho-duodenostomy is an effective and safe option to relieve jaundice in this group of patients.