

Уважаемые коллеги!

Высылаем очередной выпуск «Issue of ELLA Abstracts»

A. Esophageal Stenting and related topics

GIE 2009; 70, 2:391-393

Attempted removal and subsequent fragmentation of 3 self-expanding metal stents

Jason A. Wilson, MD

The article was published without an abstract.

SX-ELLA Stent DANIS

GIE 2009; 70, 2:401-402

Letter to Editor

Safe and efficacious placement of Sengstaken-Blakemore tubes

Andrew Thomson

Response

Wolf-Rudiger Matull, James O'Beirne

The article was published as free.

B. Biliary and pancreatic stenting, and related topics

GIE 2009; 70, 2:284-289

A comparison of metal and plastic stents for the relief of jaundice in unresectable malignant biliary obstruction in Korea: an emphasis on cost-effectiveness in a country with a low ERCP cost

Won Jae Yoon, MD

Background

In countries where ERCP costs are low relative to those of metal stents (eg, Korea), initial endoscopic retrograde biliary drainage (ERBD) with a plastic stent is thought to be more economical.

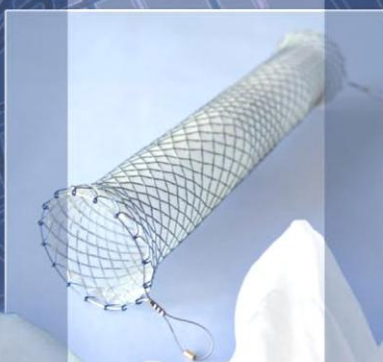
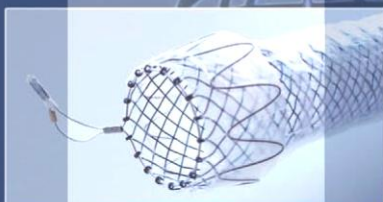
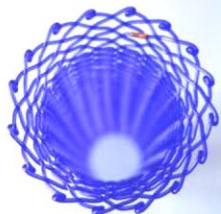
Objective

We conducted this study to compare metal and plastic stent-based ERBD in efficacy, complications, and total cost of biliary drainage.

Design

Retrospective study.

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Setting

Tertiary referral center.

Patients

A total of 112 patients who had not undergone previous biliary drainage procedures and who underwent ERBD for unresectable malignant biliary obstruction.

Interventions

Endoscopic sphincterotomy was performed, and covered or uncovered Wallstents were used in 56 patients and plastic stents in 56 patients.

Results

Stent occlusion occurred in 31 patients after a mean of 278 days in the metal stent group and in 39 patients after a mean of 133 days in the plastic stent group ($P = .0004$). The incidence of and length of hospitalization for cholangitis were significantly lower in the metal stent group. There was no difference in the total number of drainage procedures between the 2 groups. There was no statistical difference in the mean cost of the relief of jaundice between the 2 groups (\$1488.77 in the metal stent group vs \$1319.26 in the plastic stent group, $P = .422$).

Limitations

Nonrandomized, retrospective study.

Conclusion

Even in countries where ERCP costs are lower than those of metal stents, ERBD with metal biliary stents as the first-line treatment may offer better palliation without a significant increased cost in patients with unresectable malignant biliary obstruction.

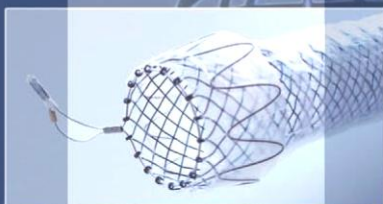
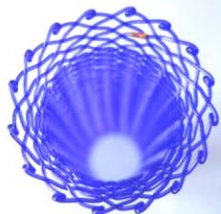
GIE 2009; 70, 2:303-309

Temporary placement of fully covered self-expandable metal stents in benign biliary strictures: midterm evaluation

Anshu Mahajan, MD

Background

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Benign biliary strictures (BBS) have been endoscopically managed with placement of multiple plastic stents. Uncovered metal stents have been associated with mucosal hyperplasia and partially covered self-expandable metal stents with migration. Recently, fully covered self-expandable metal stents (CSEMSs) with anchoring fins have become available.

Objective

Our purpose was to analyze the efficacy and complication rates of CSEMSs in the treatment of BBS.

Design

CSEMSs (10-mm diameter) were placed in 44 patients with BBS. CSEMSs were left in place until adequate biliary drainage was achieved, confirmed by resolution of symptoms, normalization of liver function tests, and imaging.

Setting

Tertiary care center with long-standing experience with metal stents.

Patients

A total of 44 patients with BBS (28 men, median age 53.5 years) were included. The preprocedure diagnoses included chronic pancreatitis (n = 19), gallstone-related strictures (n = 14), post liver transplant (n = 9), autoimmune pancreatitis (n = 1), and primary sclerosing cholangitis (n = 1).

Intervention

ERCP with temporary CSEMS placement. Removal of CSEMSs was performed with a snare or rat tooth.

Main Outcome Measurements

Stricture resolution and morbidity.

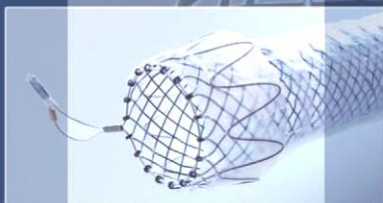
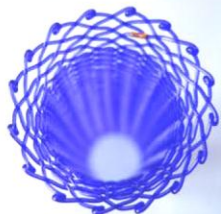
Results

The median time of CSEMS placement was 3.3 months (interquartile range 3.0-4.8). Resolution of the BBS was confirmed in 34 of 41 patients (83%) after a median postremoval follow-up time of 3.8 months (interquartile range 1.2-7.7). Complications were observed in 6 (14%) patients after CSEMS placement and in 4 (9%) after CSEMS removal.

Limitation

Pilot study from a single center.

Conclusion



Temporary placement of CSEMSs for BBS may offer an alternative to plastic stenting. Further investigation is required to further assess safety and long-term efficacy.

GIE 2009; 70, 2:317-321

Reflux of duodenal contents and cholangitis in patients undergoing self-expanding metal stent placement

Sri Prakash Misra, MD, DM, FRCP, FRCPE

Background

It has been reported that the occurrence of acute cholangitis is common, especially when the self-expanding metal stent (SEMS) is placed across the main duodenal papilla.

Objective

To determine the incidence of duodenobiliary reflux and acute cholangitis after placement of SEMSs across the main duodenal papilla.

Design

A prospective study.

Setting

A tertiary-care teaching hospital.

Patients

One hundred consecutive patients with malignant bile-duct obstruction.

Interventions

A barium meal examination was performed 21 days after placement of SEMSs. Reflux of barium was monitored by using fluoroscopy. The patients were also monitored for the occurrence of fever. Serum bilirubin, alanine aminotransferase, alkaline phosphatase, and total and differential leukocyte counts were evaluated before and after the barium study.

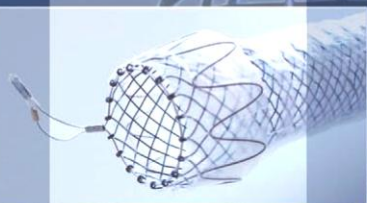
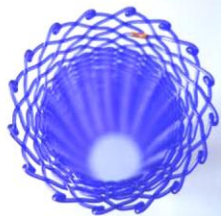
Main Outcome Measurements

The occurrence of duodenobiliary reflux and acute cholangitis.

Results

Two patients developed acute cholangitis because of the failure of the function of the SEMS, and they died during the first week. Severe reflux of barium was evident in all the patients. However, none of them developed features of acute cholangitis

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because of reflux. After a mean (SD) follow-up of 6.4 ± 1 months, 6 patients developed acute cholangitis because of blockage of the SEMS from ingrowth of tumor or collection of debris at the lower end of the SEMS.

Limitations

Unblinded study.

Conclusions

After placement of SEMSs across the main duodenal papilla, reflux of duodenal contents is a universal phenomenon. Acute cholangitis was observed only in cases with blockage of the SEMS from tumor ingrowth or debris.

GIE 2009; 70, 2: 403-404

Letter to Editor

Endoscopic or percutaneous approach for advanced biliary stenoses at the hepatic hilum?

Giovanni D. De Palma, MD

The article was published as free.

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GIE. Volume 70, Issue 2, Pages 404-405 (August 2009)

Response

Woo Hyun Paik, MD

The article was published as free.