

Уважаемые коллеги!

Высылаем очередной выпуск «Issue of ELLA Abstracts»

A. Esophageal Stenting and related topics

GIE 2009; 70; 5:1000-1012

Dilation of refractory benign esophageal strictures

Peter D. Siersema,

The article was published without an abstract.

JVIR 2009; 20; 11:1491-1495

Direct Erosion and Prolapse of Esophageal Stents into the Tracheobronchial Tree Leading to Life-threatening Airway Compromise

Konstantinos Katsanos, MD, PhD

Covered or uncovered self-expanding metal stents are currently used for the palliative treatment of neoplastic esophageal obstructions or compressions and malignant esophageal leaks or fistulas. This small series, from three different European hospitals, highlights the unusual but significant complication of esophageal stent perforation followed by erosion and prolapse of the endoprosthesis into the tracheobronchial tree causing acute airway compromise or aspiration. Possible causal mechanisms and means of treatment are discussed to raise physician awareness of this life-threatening complication.

B. Biliary and pancreatic stenting, and related topics

Endoscopy 2009. 41:1006

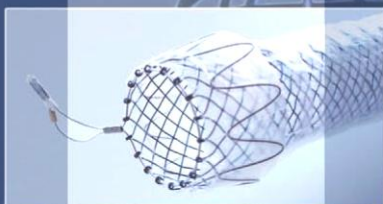
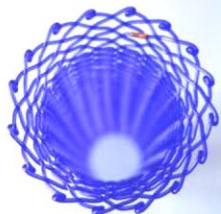
Pancreatic stent insertion should not be a routine procedure after precutting in patients in whom access has failed with both ducts

Rerknimitr, R.

The article was published without an abstract.

C. TIPS Stenting and related topics

GIE 2009; 70; 5:881-887



Endoscopic cyanoacrylate versus transjugular intrahepatic portosystemic shunt for gastric variceal bleeding: a single-center U.S. analysis

Nicholas J. Procaccini, MD, JD, MS

Background and Objectives

Gastric variceal hemorrhage treatment remains a difficult issue for clinicians. There is controversy regarding whether first-line treatment should be endoscopic therapy with cyanoacrylate glue or placement of a transjugular intrahepatic portosystemic shunt (TIPS). We compared these methods on the basis of rebleeding, survival, and complications.

Design, Setting, Patients, and Interventions

This was a retrospective cohort analysis of cirrhotic patients with gastric variceal hemorrhage treated with endoscopic cyanoacrylate therapy or TIPS placement at a single U.S. center from 1997 to 2007. The groups were compared for rebleeding at 72 hours, 3 months, and 1 year; survival rates at 3 months and 1 year; and acute and extended complications and morbidity.

Main Outcome Measurements and Results

A total of 105 patients were included. There were no significant pretreatment differences between the 2 groups in age, sex, MELD (Model for End-Stage Liver Disease) score at the time of admission, or cause of liver disease. There were no significant differences in rebleeding at 72 hours, 3 months, and 1 year; survival at 3 months and 1 year; and aggregate long-term survival or acute complications. However, the TIPS group had a higher rate of long-term morbidity requiring hospitalization (41% with a TIPS and 1.6% in the cyanoacrylate arm, $P < .0001$).

Limitations

Retrospective and uncontrolled samples.

Conclusion

In patients with similar characteristics, cyanoacrylate therapy performed as well as a TIPS in controlling and preventing gastric variceal hemorrhage with no significant differences in survival. Patients receiving cyanoacrylate therapy experienced significantly less long-term morbidity related to therapy than patients who received a TIPS. Cyanoacrylate therapy appears to be safe and effective and compares favorably with TIPS therapy.

GIE 2009; 70; 5:888-891

Therapies for bleeding gastric varices: is the fog starting to clear?

Dhiraj Tripathi, MD, MRCP

The article was published as free.