Interventional EUS of Pancreatobiliary Diseases

Sang-Soo Lee, MD, PhD

Dept. of Gastroenterology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea

e-mail: ssleedr@amc.seoul.kr

Even in experience hands, 10% of cases fail ERCP due to technical or anatomical problems. With the evolution of linear EUS and ability to direct a needle within the interventional field, the therapeutic potential of EUS has expanded greatly. The biliary and pancreatic systems are in close proximity to the stomach and the duodenum, which allows EUS access in cases not accessible by ERCP. For EUS-guided biliary drainage (EUS-BD), there are two routes. One is transduodenal, the other is transgastric. Stent placing can be performed in a rendezvous or antergrade fashion. Published data have shown a high success rate and a little nonfatal complication rate. For peripancreatic fluid collection (PFC), EUS improves both the technical success rates (>90%) and safety profile (complications < 5%) of the procedure. In two randomized trials, success rate was significant higher than that of blind drainage. Complication rate was similar or less than that of blind drainage. EUS guided pancreatic duct drainage is an attractive to decompress the obstructive pancreatic ductal system. The routes were similar to biliary drainage; transduodenal and transgastric. Stent placing have been described the rendezvous technique and pancreatogastrostomy. Complication rate was varies between 5 and 44% and is independent of technique adopted for drainage. EUS-guided gallbladder drainage has been rapid gaining acceptance as an effective method for acute cholecystitis unsuitable for cholecystectomy. Plastic stent and metal has been used as a drainage conduit. The clinical efficacy and complication rate was similar to that of PTGBD. In conclusion, the EUS makes it an attractive therapeutic modality for management of various pancreatobiliary diseases that are not amenable to ERCP.