

EP-080 - ENDOSCOPIC DRAINAGE OF WALLED-OFF PANCREATIC NECROSIS – A SINGLE CENTER EXPERIENCE

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Introdução e Objetivos

Walled-off pancreatic necrosis (WOPN) is a late complication of severe acute pancreatitis that generally needs some intervention. Endoscopic drainage of WOPN has been increasingly used as a minimally invasive alternative to surgical drainage.

Aims: To evaluate the clinical outcomes, technical success rates and adverse events of endoscopic drainage of WOPN.

Material

Retrospective study including patients submitted to endoscopic drainage of WOPN between 2013 and 2017. Evaluation of demographic data, imagiologic features, technical success (defined by correct positioning of the stent) and clinical success (defined by symptom resolution, decreased inflammatory markers and collection reduction/ resolution on follow-up imaging) as well as possible adverse events.

Sumário dos Resultados

12 patients included (ages between 38-85 years old, 7 female patients) with walled-off necrosis after severe acute pancreatitis: all patients were symptomatic and 2 of them showed signs of infection on CT scan. An endoscopic ultrasound-guided transmural drainage was performed in all cases: the first three in a two-step approach (echoendoscope and colonoscope/duodenoscope) and the remaining 9 patients in a single-step approach using a therapeutic echoendoscope. Double-pigtail plastic stents were used in one patient; the other 11 patients received lumen-apposing metal stents. Four patients were submitted to endoscopic necrosectomy: two sessions in two patients and three and six sessions in two other patients, respectively. 100% technical success was achieved. Clinical success was achieved in 11 of the 12 patients, with surgical approach being required in just a single case. There were no immediate adverse events in any of the cases.

Conclusões

Despite being technically challenging, our center's experience demonstrates that endoscopic approach of WOPN constitutes an effective and safe alternative to surgery.