

EQUIVALENT EFFICACY AND SAFETY OF PLASTIC STENTS AND LAMS IN THE TREATMENT OF PERIPANCREATIC FLUID COLLECTIONS: A PROSPECTIVE STUDY

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Introduction

Lumen-apposing metal stents (LAMS) have since their introduction been the preferred choice for endoscopic ultrasound (EUS)-guided transmural drainage of pancreatic fluid collections. However their superiority has not been proven. The aim of this study was to compare the efficacy and safety of double pigtail plastic stents (DPPS) and LAMS.

Methods

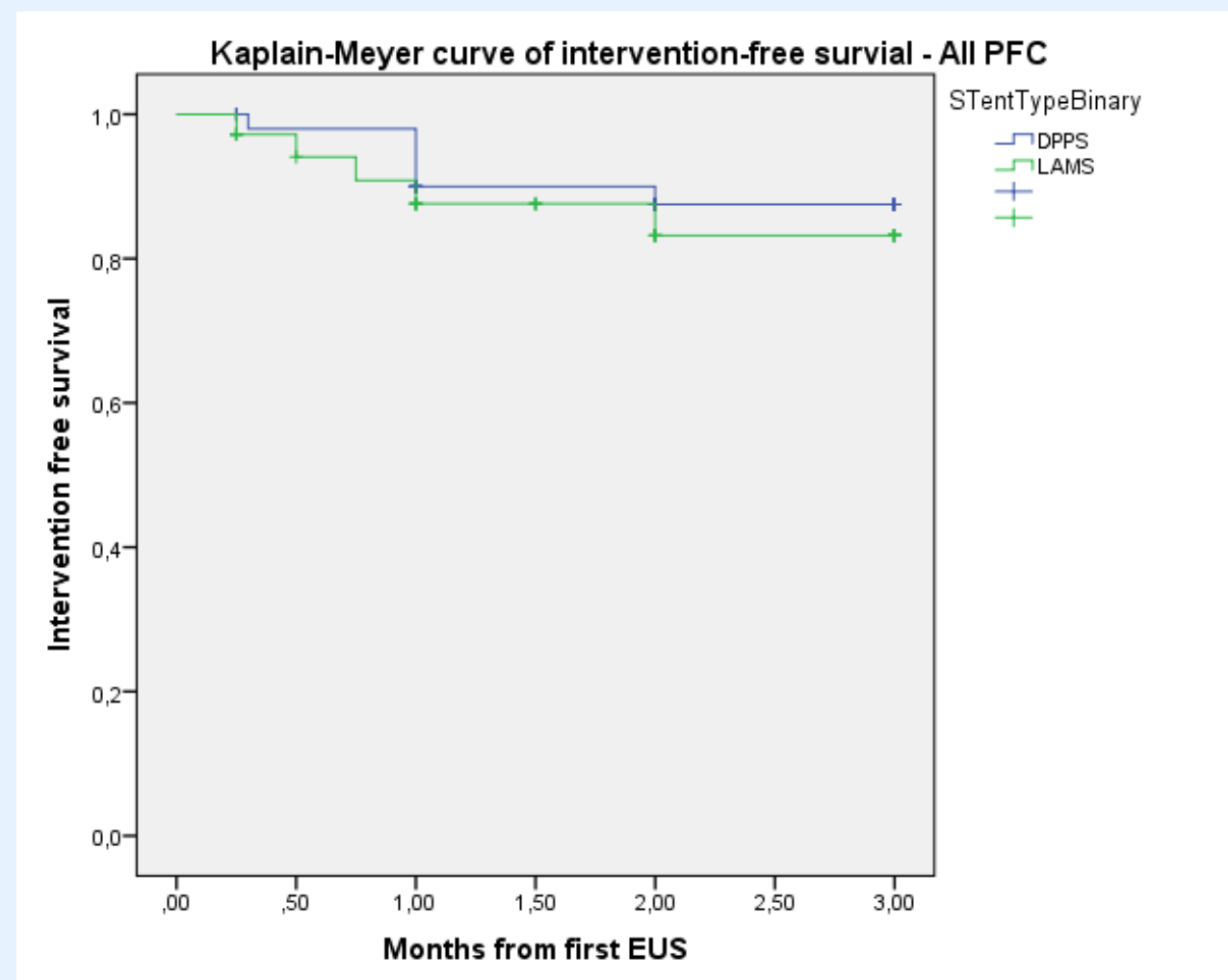
Single-center, prospective study in which consecutive patients undergoing EUS-guided drainage between January 2010 and December 2020 were included. The primary endpoints were technical success, clinical success, and adverse event rate

Results

A total of 89 patients (pseudocyst n=37 and WON n=52) were included. 53 DPPS and 36 LAMS. Both DPPS and LAMS had 100% technical success rate and a comparable adverse event rate (4% vs 6%, p=0.24). An equivalent efficacy for the drainage of PFC comparing DPPS and LAMS was recorded and no significant statistical difference was recorded in clinical success (DPPS 60% vs LAMS 61%, p=0.94) or the need for reintervention (DPPS 11% vs LAMS 13%, p=0.72).

Conclusions

In this large, prospective study on EUS-guided drainage of peripancreatic fluid collections LAMS and DPPS showed equivalent safety, technical success, clinical success, and hospital stay. Both techniques were associated with a comparable need for complementary necrosectomy.



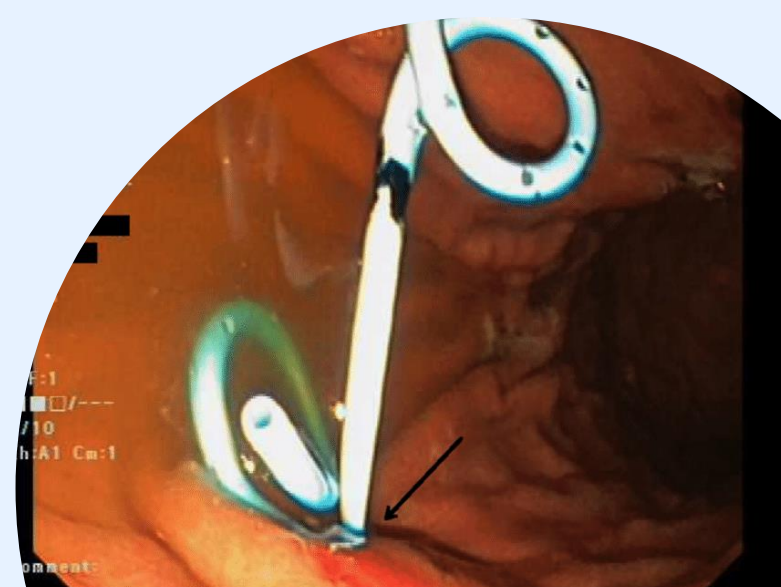
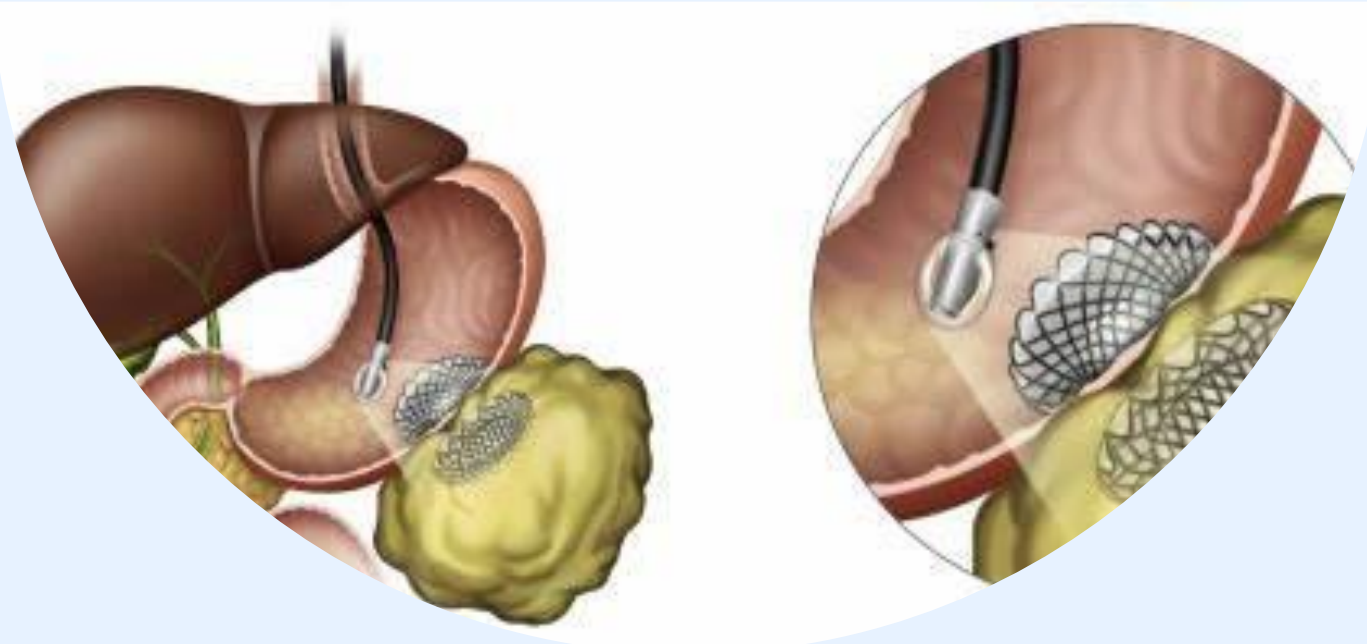
Summary Box

What is already known:

- Lumen apposing metal stents (LAMS) and double pigtail plastic stents (DPPS) show equivalent safety, technical success, and clinical success in the treatment of pancreatic fluid collections (PFCs)
- Both methods (LAMS and DPPS) have a similarly low rate of adverse events
- LAMS is clinically the preferred stent in patients with walled-off necrosis requiring repeated endoscopic necrosectomies

What the new findings are:

- The non-cautery access technique for DPPS deployment seems safe and efficient
- The size of tract dilatation does not seem to be correlated with clinical success, rate of adverse events or need for repeat endoscopic procedures
- The choice of drainage (LAMS and DPPS) does not seem to affect the need for percutaneous or nasocystic drainage



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