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EUS-GUIDED INTERVENTION FOR DISCONNECTED PANCREATIC DUCT SYNDROME: LONG TERM FOLLOW UP

**Society:** ASGE**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Rajesh Puri<sup>1</sup>

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**Introduction:** Disconnected Pancreatic Duct syndrome (DPDS) is a frequent complication after acute necrotizing pancreatitis (ANP). Management of DPDS often requires complex endoscopic interventions and/or surgery. We present our experience of Endoscopic Ultrasound (EUS) guided interventions in large cohort of DPDS patients.

**Materials and Methods:**

Retrospective analysis of prospectively collected data of consecutive patient with DPDS presenting to our hospital from May 2017 to December 2022 was done. Diagnosis of DPDS was confirmed by ERCP/MRCP. Patients who underwent EUS-Guided interventions were analyzed for short and long-term outcomes, and adverse events.

**Results**

Detailed radiological data of 429 patients (Male 73%, median age 38 years) among 476 ANP patients who underwent initial EUS guided metal stent and / or percutaneous drainage for symptomatic necrotic collections was available.

Based on detailed radiological data, DPDS was noted in 326 patients (76%) [DPD only n=292, DPD with pancreatic duct leak n=34]. At mean follow up of 706±313 days (Range: 181 to 1296), recurrent pancreatitis (RP) was noted in n=20(6.1%), recurrent pancreatic fluid collection (PFC) in n=23(7.1%) and persistent external pancreatic fistula (EPF) in n=30 (9.2%) patients. While, n = 221(67.8%) were asymptomatic or showed spontaneous resolution. In total, 46 patients with DPDS underwent EUS guided interventions, technical success was seen in n=44 (95%); while, clinical success was seen in n=39(84%). Immediate and long-term complications were observed in 3 (6.5%) and 7 (15%) patients, respectively. 10 patients with RP had insignificant dilatation of upstream pancreatic duct, precluding EUS guided pancreaticogastrostomy (PG). Technical and clinical success with PG was achieved in 8 of the other 10 patients with suitably dilated upstream PD (>= 4mm). 6 patients (26%) with PFC were symptomatic and all were successfully treated with EUS guided cystogastrostomy using plastic stents. In EPF cohort, n=30 (10%) had persisting fistulae and EUS guided tractogastrostomy (TG) was done with 100% technical success. Immediate complications noted with TG were bleeding (n=1) and pancreatitis(n=2); while stent migration was noted in n=5. In 2 patients both ends of stent was seen in stomach over long term follow up, though complete migration was not seen.

**Conclusions:**

EUS guided interventions for symptomatic patients with DPDS result in symptom improvement and have low short term complications. Stent migration appears to be a frequent long term complication.

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DDW ePoster Library. Puri R. 05/03/2025; 4155150; Sa2125


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