Уважаемые коллеги!
Высылаем очередной выпуск «Issue of ELLA Abstracts»

A. Gastric outlet (GO) and duodenal stenting and related topics

GIE 2009; 70; 3:586-588
Aortoenteric fistula in a patient after pancreaticoduodenectomy and enteral stenting
Melissa S. Phillips, MD
The article was published without an abstract.

B. Biliary and pancreatic stenting, and related topics

AMJG 2009; 104:2168–2174
EUS-Guided Biliary Drainage With One-Step Placement of a Fully Covered Metal Stent for Malignant Biliary Obstruction: A Prospective Feasibility Study
Do Hyun Park MD, PhD

OBJECTIVES: Endoscopic ultrasound (EUS)-guided biliary drainage (EUSBD) with plastic stents has been introduced as an alternative to percutaneous transhepatic biliary drainage (PTBD) in cases of biliary obstruction when endoscopic retrograde cholangiopancreatography (ERCP) is unsuccessful. Although self-expandable metallic stents with a larger diameter might offer long-lasting patency compared with plastic stents, to date, EUSBD with one-step placement of a fully covered self-expandable metal stent (FCSEMS) has not been evaluated. We conducted this study to determine the feasibility and usefulness of EUSBD with one-step placement of FCSEMS.

METHODS: A prospective feasibility study on EUSBD with one-step placement of FCSEMS was carried out in 14 patients with malignant biliary obstruction who were candidates for alternative techniques for biliary decompression because of unsuccessful ERCP.

RESULTS: The technical and functional success rate was 100% (14/14). Nine patients were treated using the intrahepatic approach. The remaining five patients were treated using the extrahepatic approach. With the intrahepatic approach, two patients showed self-limited pneumoperitoneum. With the extrahepatic approach, no patients had pneumoperitoneum. No bile peritonitis or cholangitis was observed after the procedure in any of the patients treated using the intra- or extrahepatic approach. During follow-up periods (median 6 months), one case of re-intervention (7%, 1/14) necessitated by distal stent migration was observed.
CONCLUSIONS: EUSBD with one-step placement of an FCSEMS may be feasible, safe, and effective as an alternative to PTBD in cases of malignant biliary obstruction when ERCP is unsuccessful. Prospective randomized trials of EUSBD with plastic stent vs. EUSBD with FCSEMS may be needed.

Case study

Fully covered self-expandable metallic stents in the management of complex biliary leaks: preliminary data – a case series

Wang, A

*The article was published without an abstract.*

Comparative performance of uncoated, self-expanding metal biliary stents of different designs in 2 diameters: final results of an international multicenter, randomized, controlled trial

Burr J. Loew, MD, FASGE

Background
The Wallstent has remained the industry standard for biliary self-expanding metal stents (SEMSs). Recently, stents of differing designs, compositions, and diameters have been developed.

Objective
To compare the new nitinol 6-mm and 10-mm Zilver stents with the 10-mm stainless steel Wallstent and determine the mechanism of obstruction.

Design
Randomized, prospective, controlled study.

Setting
Nine centers experienced in SEMS placement during ERCP.

Patients
A total of 241 patients presenting between September 2003 and December 2005 with unresectable malignant biliary strictures at least 2 cm distal to the bifurcation.

Main Outcome Measurement
Stent occlusions requiring reintervention and death.

Results
At interim analysis, a significant increase in occlusions was noted in the 6-mm Zilver group at the P = .04 level, resulting in arm closure but continued follow-up. Final study arms were 64, 88, and 89 patients receiving a 6-mm Zilver, 10-mm Zilver, and 10-mm Wallstent, respectively. Stent occlusions occurred in 25 (39.1%) of the patients in the 6-mm Zilver arm, 21 (23.9%) of the patients in the 10-mm Zilver arm, and 19 (21.4%) of the patients in the 10-mm Wallstent arm (P = .02). The mean number of days of stent patency were 142.9, 185.8, and 186.7, respectively (P = .057). No differences were noted in secondary endpoints, and the study was ended at the 95% censored study endpoints. Biopsy specimens of ingrowth occlusive tissue revealed that 56% were caused by benign epithelial hyperplasia.

Conclusions
SEMS occlusions were much more frequent with a 6-mm diameter SEMS and equivalent in the two 10-mm arms despite major differences in stent design, material, and expansion, suggesting that diameter is the critical feature. Malignant tumor ingrowth produced only a minority of the documented occlusions.

GIE 2009; 70; 3:454-456
The evolution and the natural selection process in the stenting of malignant bile duct obstruction: size does matter!
Mark David Noar, MD, MPH

The article was published as free.

GIE 2009; 70; 3:457-467
Quality indicators, including complications, of ERCP in a community setting: a prospective study
Joshua B. Colton, MD

Background
There are no large studies documenting quality outcomes and complication rates of ERCP in community practice. The American Society for Gastrointestinal Endoscopy (ASGE)/American College of Gastroenterology Task Force on Quality proposed 5 questions regarding ERCP in community practice. The ASGE Committee on Outcomes Research recommended 8 ERCP-specific quality indicators be used to provide a better accounting of quality in ERCP.

**Objective**
To determine ERCP quality outcomes, including complications, in a community practice.

**Design**
Prospective study.

**Setting**
Eight community hospitals in the Minneapolis-St. Paul, Minnesota, area.

**Patients**
Every patient undergoing ERCP by Minnesota Gastroenterology PA from December 1, 2005, through July 31, 2006.

**Main Outcome Measurements**
ASGE-recommended quality indicators, especially 30-day complication rates.

**Results**
A total of 805 ERCP procedures were performed in 696 patients. Therapeutic ERCP accounted for 78.4%. The complication rate was 5.0% (5.7% of therapeutic and 2.3% of diagnostic procedures). Pancreatitis occurred in 3.2% of procedures (3.6% of therapeutic and 1.7% of diagnostic procedures). Infection (0.75%), hemorrhage (0.62%), and perforation (0.12%) only occurred after therapeutic ERCP. Cardiopulmonary complications occurred in 2 patients (0.25%). Precut sphincterotomy was performed in 26 cases (3.2%), and sphincter of Oddi manometry in 23 cases (2.9%). Success rates were 94.0% for biliary cannulation, 87.0% for stone extraction, and 90.2% for relieving biliary obstruction. A total of 530 patient satisfaction surveys were completed and revealed that the response to the question, “Would you have the procedure done again by this physician?” was the most sensitive indicator of patient satisfaction.

**Conclusions**
In this community practice, complication rates compare very favorably with those of academic centers. The technical success rates achieved or exceeded rates recommended by the ASGE/American College of Gastroenterology Task Force.
Liver injury from endoscopic insertion of self-expandable metallic stent to relieve biliary obstruction: a fatal complication
Thawatchai Akaraviputh, MD

The article was published without an abstract.

Massive hemobilia during extraction of a covered self-expandable metal stent in a patient with portal hypertensive biliopathy
Sabrina Layec, MD

The article was published without an abstract.

Large-balloon technique for one-step endoscopic biliary stenting in patients with an inaccessible major papilla owing to difficult duodenal stricture
Masataka Kikuyama, MD

Background
Marked duodenal stenosis makes endoscopic biliary stenting (EBS) impossible, although it is the most common method for treating obstructive jaundice in patients with benign or malignant biliary strictures. Large-balloon dilation can be used to enable endoscope passage in the GI tract.

Objective
We describe 4 cases of successful EBS combined with the use of a large balloon for the treatment of difficult duodenal strictures in patients with benign and malignant biliary strictures.

Design
A retrospective case series.
Two tertiary referral centers.

Patients
Four patients: 1 with hilar carcinoma, 1 with gallbladder carcinoma, and 2 with chronic pancreatitis.

Interventions
After duodenal dilation, the slightly deflated balloon was pushed with the endoscope into the major papilla through the duodenal stricture (pushing method used in 2 patients). In the cases in which the major papilla was not accessible with the pushing method, a large dilation balloon was deflated completely after dilation, advanced beyond the stricture into the third portion of the duodenum, and reinflated to the maximum size. Pulling the dilation balloon catheter into the working channel while hooking the inflated balloon as the anchor at the anal side of the duodenal stricture, the endoscope was straightened to advance to the major papilla (hooking method used in 2 patients).

Main Outcome Measurement
Successful EBS.

Results
Reaching the major papilla and EBS was accomplished in all 4 patients.

Limitation
Small number of cases.

Conclusions
Use of large-balloon dilation can contribute to successful ERCP in patients with difficult duodenal strictures.

C. Colorectal stenting and related topics
AMJG 2009; 104:2372–2373
Letter to Editor
Self-Expanding Metallic Stent for Ischemic Colonic Obstruction
Jean-David Zeitoun MD

The article was published without an abstract.
D. Endovascular peripheral stenting and related topics

JVIR 2009; 20; 9:1141-1150

Infraopliteal Application of Sirolimus-eluting versus Bare Metal Stents for Critical Limb Ischemia: Analysis of Long-term Angiographic and Clinical Outcome

Dimitris Siablis, MD, PhD

Purpose
To present the 3-year angiographic and clinical results of a prospective registry investigating the performance of sirolimus-eluting stents (SESs) versus bare metal stents (BMSs) for critical limb ischemia (CLI) treatment.

Materials and Methods
A single-center double-arm prospective registry included patients with CLI who underwent infrapopliteal revascularization with angioplasty and “bailout” use of an SES or BMS. Clinical and angiographic follow-up was scheduled at regular time intervals. Primary clinical and angiographic endpoints included mortality, limb salvage, primary patency, binary angiographic restenosis (ie, >50%), and clinically driven repeat intervention-free survival. Results were stratified according to stent type, and cumulative proportion outcomes were determined by Kaplan-Meier plots. Multivariable Cox proportional-hazards regression analysis was applied to adjust for confounding factors of heterogeneity.

Results
In total, 103 patients were included in the analysis; 41 (75.6% with diabetes) were treated with a BMS (47 limbs; 77 lesions) and 62 (87.1% with diabetes) with an SES (75 limbs; 153 lesions). At 3 years, SES-treated lesions were associated with significantly better primary patency (hazard ratio [HR], 4.81; 95% CI, 2.91–7.94; P < .001), reduced binary restenosis (HR, 0.38; 95% CI, 0.25–0.58; P < .001), and better repeat intervention–free survival (HR, 2.56; 95% CI, 1.30–5.00; P = .006) versus BMS-treated ones. No significant differences were identified between SESs and BMSs with regard to overall 3-year patient mortality (29.3% vs 32.0%; P = .205) and limb salvage (80.3% vs 82.0%; P = .507).

Conclusions
Infraopliteal application of SESs for CLI significantly improves angiographic long-term patency and reduces infrapopliteal vascular restenosis versus BMSs, thereby lessening the rate of clinically driven repeat interventions.