

**Results:** A total of 33 patients (mean age 52 years, 21 men, range: 18-77 years), were included. PFCs were 22 non-infected symptomatic pseudocyst and 11 walled-off necrosis or abscess. EUS-GD was successful in 30 (90.9%) patients. Stent insertion failed in one patient. Two patients needed surgery. Complications were observed in 8 (25%) patients (stent dislocation in 3, perforation in 2, bleeding in 2 and pneumoperitoneum in 1 patient). Procedure related mortality was not seen. The mean cyst size was 11.3 cm (5-22). FCSEMS were successful in the treatment of pseudocysts (after 1 month mean cyst size is 6.2 cm, range: 0-15 cm, with 54.8% decrement rate). During a mean follow-up of 15 months complete resolution was 66.6% (20 patients) and recurrence due to stent malfunction was 10%. All these cases were submitted to a new session of endoscopic drainage.

**Conclusions:** EUS-GD, FCSEMS insertion provides an effective, minimally invasive, and safe approach in the management of PFCs.

**Status of the presenting author:** Chief resident.

**The authors declare:** No significant relationship.

## Metallic stent in the endoscopic treatment of pancreatic fluid collections

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**Background and Aims:** The endoscopic treatment of pancreatic fluid collections (PFCs) has become the preferred first-line approach. Fully covered self-expandable metal stents (FCSEMS) were considered as an alternative to multiple double pigtail stents. The aim of this study was to evaluate the results of the endosonography guided drainage (EUS-GD) of PFCs with FCSEMS.

**Materials and Methods:** A total of 33 consecutive patients were included. Cystogastrostomy and cystoduodenostomy were created with a linear echoendoscope under endosonographic and fluoroscopic control. Procedures were performed in a standard way of, puncture with a 19 gauge needle, bougie dilation and insertion of FCSEMS.