

from 60 patients were retrospectively analyzed in order to study the feasibility and early results of this technique.

Results: During the study period, 60 patients (woman = 32; median age = 64 years [38-93]) were treated by HG. This technique was chosen in the event of impossibility to reach the papilla, a failure of endoscopic retrograde cholangiopancreatography or to achieve drainage of the left hepatic biliary ducts in 35%, 15% and 50%, respectively. The biliary stricture was neoplastic in 85%. Sixty-four procedures were carried out: The technical success rate was 94%. Eighteen patients presented one or more adverse effects (28%) including: Infection ($n = 14$), pneumoperitoneum ($n = 7$), choleperitoneum/bilioma ($n = 8$), hemorrhage ($n = 2$), other ($n = 2$). Seven stents migration occurred (11%). The average duration of hospitalization was 9 days (0-61j). Three related deaths occurred, due to severe infection. During the period of the study, several types of stent were placed during the first procedure: Plastic stent ($n = 12$), one covered or uncovered metallic stent ($n = 9$), association of one uncovered metallic stent and one fully covered stent (SIS, $n = 27$), or one half covered metallic stent ($n = 16$). The rate of complications was respectively 33% ($n = 4$), 56% ($n = 5$), 26% ($n = 7$) and 13% ($n = 2$) according to the type of stent used. Three successive periods can thus be individualized according to the type of biliary stent used and the use of the CO₂ insufflator [Table 1].

Table 1. Short-term results after hepaticogastrostomy guided by echo-endoscopy

Period	Total	Hepaticogastric stent used				CO ₂	Complication (%)
		PS	MS	SIS	HCS		
2001-2006	14	8	6	0	0	No	7 (50)
2007-2009	29	4	2	22	1	No	7 (24)
2010-2013	21	0	1	5	15	Yes	4 (19)

PS: Plastic stent, MS: Metallic stent, HCS: Half covered metallic stent

Short-term results after hepaticogastrostomy guided by echo-endoscopy: Monocentric retrospective study

E. Bories¹, F. Caillol¹, C. Pesenti², M. Giovannini¹

¹Institut Paoli Calmettes, Marseille, France

Background: Biliary drainage guided by echo-endoscopy (EUS) is a recent technique but expanding more and more in addition of retrograde and percutaneous approaches.

Methods: Seventy-three hepaticogastrostomy (HG) were carried out from 2000 to 2013. After exclusion of patients included in a randomized prospective study, data

Conclusions: Hepaticogastric anastomosis guided by echo-endoscopy is an effective, useful technique when the retrograde way is not possible or to drain selectively left intrahepatic biliary ducts. The morbidity rate is quite high but seems to decrease.

Status of the presenting author: Chief resident

The authors declare: No significant relationship