

Objective: To evaluate the role of novel FCSEMS for endoscopic drainage of infected PPC.

Methods: Patients: 10 patients with single symptomatic pseudocyst in proximity to the stomach or duodenum and fever were treated. Pseudocyst drainage was done per protocol. Repeat computed tomography scan after 72 h. Nasocystic drain removed after 3-5 days. Patients were followed-up at every 2 week interval. Stent was removed after complete disappearance of pseudocyst confirmed on imaging. Early (7 days) and late (>7 days) complications were noted and managed accordingly.

Results: Technical success and clinical success achieved in all. Early complication: 1/10 (pneumoperitoneum). No late complications observed. Stent were removed without complication after 6-7 week follow-up period ranges from 6 to 8 months.

Conclusion: Use of FCSEMS for pseudocyst drainage is technically feasible and safe.

Status of the presenting author: Chief resident

The authors declare: No significant relationship.

To evaluate the role of novel fully covered self-expanding metal stent for endoscopic drainage of infected pancreatic pseudocyst

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Introduction: Endoscopic ultrasonography-guided transgastric drainage of pancreatic pseudocyst (PPC) is the mainstay of treatment. Drainage can be achieved either by plastic stents or fully covered self-expandable metal stent (FCSEMS). Plastic stents have small lumen diameter, which may limit drainage and may necessitate re-intervention. FCSEMS are easier to deploy and preclude the need to place multiple plastic stents.