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Endoscopic Ultrasound(EUS) Guided Pseudocyst Drainage- A Single Center Experience

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Background:
EUS is slowly replacing the traditional "blind"endoscopic method for pseudocyst drainage. In our institution it is the standard procedure for such lesions.

Aim:
To evaluate the efficacy and safety of EUSguided pseudocyst drainage of pancreatic pseudocysts

Methods:
Retrospective review of all procedures performed with 2 drainage systems- the needlewire oasis and the cystotome manufactured by Cook Endoscopy.
Solus biliary double pigtail stents-Cook Endoscopy were used with the cystotome. All procedures were performed with the Hitachi8500 system and Pentax 38UT and38 UKT echoendoscopes under conscious sedation or propofol.. The drainage was completed entirely under EUS guidance without fluoroscopy.

Results:
Between 2004-2008, 28 patients underwent 35 EUS drainage procedures.
12 women 16 men with an average age of 57.6 years (range 15-82). Follow up average 20.4 months (range2-50).Average cyst size 8.81cm(range4.5-15).Procedure successful in 26(92.8%) patients, failed in 2.Oasis system was used in 10,cystotome in 16. 7(26.9%) patients required more than one drainage procedure ,4(15.3%) had a nasocystic catheter inserted with saline irrigation for infected cyst . Reccurrence observed in 4(15%) patients .Only one patient was surgically drained with cyst reccurrence successfully retreated with EUS.All infections resolved with conservative treatment. Complications occurred in 7(26.9%): stent migration in 3(11%), (2 retrieved endoscopically one by surgery) and cyst infection in 4(15%). No bleeding.

Conclusion:
EUS guided pseudocyst drainage is effective, safe without life threatening complications. Most complications were successfully treated endoscopically .