Failure to drain pancreatic pseudocysts by EUS: a critical appraisal.

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There have been reported success rates of up to 95% for endoscopic ultrasonography (EUS)-guided drainage of pancreatic pseudocysts (PC); reasons for failure have not yet been published.

Aim:

To evaluate the main reasons for failure of EUS-guided drainage of PC.

Patients and methods:

We attempted EUS-guided drainage of PC prospectively in 16 patients over a 1-year period (6 after acute pancreatitis, 10 due to chronic pancreatitis). Four PCs were located in the head, 7 in the body and 5 in the tail of the pancreas. Drainage was done with stents (n=6) , nasocystic drainage only (n=1) or both systems (n=5).

Results:

Complete resolution was obtained in 12 patients (median follow-up of 6 months) and drainage failed in 4 cases (25%), all located in the pancreatic body. Drainage failure in two PCs secondary to acute pancreatitis was due to the methodology: bleeding from gastric varices (n=1), and symptomatic pneumoperitoneum (n=1). Neither PC location nor the presence of portal hypertension or EUS features was significant for failure. The significant risk factors for drainage failure in two cases of chronic pancreatitis PC were thick wall (p=0.02) and diameter under 6.5 cm (p=0.05).

Conclusions:

Failure of EUS-guided drainage of pseudocysts was seen in 25% of cases. The reason in PC secondary to acute pancreatitis was the methodology; no risk factors were identified, probably due to the small number of cases. The rate of failures in PC secondary to chronic pancreatitis was lower, and thick wall and small size were significant risk factors for failure.