AXIOS Lumen Apposing Metal Stent in the Treatment of Peripancreatic Fluid Collections, 4 Year Retrospective Observation at a Large Care Center

Michal Kloska MD
Lehigh Valley Health Network, Michal.Kloska@lvhn.org

Valery Hrad MD
Lehigh Valley Health Network, Valery.Hrad@lvhn.org

Abdul Aleem MD
Lehigh Valley Health Network, Abdul.Aleem@lvhn.org

Soorya N. Aggarwal DO

Shashin Shah MD
Lehigh Valley Health Network, Shashin.Shah@lvhn.org

See next page for additional authors

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Authors
Michal Kloska MD, Valery Hrad MD, Abdul Aleem MD, Soorya N. Aggarwal DO, Shashin Shah MD, Zachary Zator MD, and Hiral N. Shah MD

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AXIOS Lumen Apposing Metal Stent in the Treatment of Peripancreatic Fluid Collections, 4 Year Retrospective Observation at a Large Care Center

Michal Kloska, MD, PhD, Valery Hrad, MD, Abdul Aleem, MD, Soorya Aggarwal, DO, Shashin Shah, MD, Zachary Zator, MD, Hiral N. Shah, MD

1Department of Medicine, 2Department of Gastroenterology, Lehigh Valley Health Network, Allentown, Pa., 3Department of Gastroenterology, MedStar Georgetown University Hospital, Washington, DC

Introduction
- Peripancreatic fluid collections (PFCs) are one of the most common complications of acute pancreatitis.
- The majority of PFCs resolve spontaneously, the rest form mature cysts filled with either necrotic debris or with fluid, classified as walled off pancreonecrosis (WOPN) and pancreatic pseudocysts (PP) respectively.
- Electrocautery enhanced AXIOS™ lumen-apposing metal stents (EEL) has primed EUS guided drainage as a treatment of choice for PFCs.

Methods
- IRB approved retrospective chart review of EEL performed at a large quaternary care center.
- Procedural data including technical and clinical success rate were collected and analyzed.
- Clinical success rate was measured by symptoms resolution at first outpatient office visit and by cyst resolution (complete, incomplete (>50%) or partial (<50%).

Results
- 38 patients underwent 51 EEL procedures for the treatment of PFCs.
- 92.2% of the cysts were at least 6cm in diameter.
- 11 patients required multiple EEL placement, of whom 7 patients had multiple cysts requiring separate treatments, 2 patients had recurrence of the cysts requiring drainage, 1 patient required 2 EEL placed for one large septated cyst and 1 patient required 2 attempts to place the stent.
- Technical success rate was 96.1%, 2 times EEL angulated during placement (stent dislodgment to the stomach, stent placement to the fluid surrounding the PFCs).
- Only after 5 interventions (9.8%) patients didn’t experience any clinical improvement post-procedurally of which 2 required surgical intervention, 2 had cyst reoccurrence and 1 had stent placement in the pericystic area.
- The average hospital stay after EEL placement was 7.69 days with a mean of 3.5 days.

Conclusion
- Our data demonstrates safety and efficacy of EEL use in the treatment of PFCs with a high technical success rate of 96.1%. Over 90% of patients experienced partial or complete resolution of their symptoms and 83.4% had at least 50% of cyst size reduction was noted. Larger studies in this area is needed to prove EEL’s superiority over more traditional methods of treating PFCs.

<table>
<thead>
<tr>
<th>Mean age</th>
<th>54.5 (22-75) yo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male 71% Female 29%</td>
</tr>
<tr>
<td>Infected necrosis</td>
<td>37.3%</td>
</tr>
<tr>
<td>PFC reoccurrence</td>
<td>12.5%</td>
</tr>
<tr>
<td>Surgical intervention</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

PFC type
- PP 30%
- WOPN 70%

Symptoms resolution

PFC size
- >9cm 53%
- 6–8.9cm 31%
- 3–5.9cm 8%
- <3cm 8%

PFC size reduction
- Number of washouts

Hospital stay (days post LAMS placement)