

## OPINION

# Pancreatic-Fluid Collections using an Electrocautery-Enhanced Coaxial Lumen-Apposing, Self-Expanding Metal Stent and Plastic Stents

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During the endoscopic draining of pancreatic-fluid collections, fluoroscopy is frequently employed (PFCs). A single-step surgery is facilitated by an electrocautery-enhanced coaxial lumen-apposing, self-expanding metal stent (ELAMS), which may eliminate the requirement for fluoroscopy. The results of treatment utilising ELAMS with and without fluoroscopy are compared in this study. ELAMS may eliminate the requirement for cystogastrostomy fluoroscopy. Without fluoroscopy, procedures were substantially shorter, and fluoroscopy had no effect on technical or clinical success rates [1].

Chronic pancreatitis can cause benign biliary strictures (BBS) (CP). For biliary obstructive symptoms in these patients, endotherapy with multiple plastic stents (MPS) or a fully covered self-expanding metal stent (FCSEMS) is an acceptable treatment choice. A multicenter randomized no inferiority RCT comparing 12-month treatment with MPS vs. FCSEMS enrolled patients with symptomatic CP-associated BBS. The primary outcome was stricture clearance at 24 months, which was defined as no restenting and a 24-month serum alkaline phosphatase level that was not more than twice that at the time of stenting completion. Crossover rate, number of endoscopic retrograde cholangiopancreatography (ERCPs) and stents, and stent- or procedure-related major adverse events were all secondary outcomes [2].

SEMSs (partially covered self-expanding metal stents) are commonly utilized for both malignant and benign esophageal diseases. Due to the embedding of the uncovered stent ends, safe removal of these stents can be difficult. Our goal is to present the outcomes of removing embedded, partially covered SEMSs utilizing the stent-in-stent approach and inducing pressure necrosis [3].

The goal of this Clinical Practice Update is to examine the available data and expert recommendations for clinical care of patients with pancreatic necrosis, as well as to provide brief best practice guidelines for the best management of patients with this highly morbid illness. The AGA Institute Clinical Practice Updates Committee and the AGA Governing Board commissioned and approved this expert review to provide timely guidance on a topic of high clinical importance to the AGA membership, and it underwent internal peer review by the Clinical Practice Updates Committee and external peer review through standard Gastroenterology procedures. The authors agreed on 15 best practice recommendation points for this review, which reflect landmark and recently published works in the field [4].

## REFERENCES

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