In general, early or emergency cholecystectomy has been proposed as the gold standard of treatment for acute cholecystitis [1,2]. Although cholecystectomy is relatively safe, the mortality rate of cholecystectomy in patients at high risk due to comorbid conditions is high. Therefore, high-risk patients have been treated with a temporary therapy regimen to percutaneously decompress the gallbladder, e.g. percutaneous transhepatic gallbladder drainage (PTGBD) or aspiration (PTGBA). Apart from percutaneous transhepatic therapy, several endoscopists have reported that endoscopic transpapillary naso-gallbladder drainage or gallbladder stenting can also be used for palliative therapy for acute cholecystitis. Recently, endoscopic ultrasonography-guided gallbladder drainage (EUS-GBD), which is divided into EUS-guided naso-gallbladder drainage, and EUS-guided gallbladder stenting, has emerged as an alternative gallbladder drainage technique. In this lecture, I would like to describe current status and perspective of EUS-GBD.

Several studies described that technical success and clinical success was 98.7% and 100% in 75 patients with acute cholecystitis. The ratio of adverse event was 10.7% with bile leak and pneumoperitoneum. Of 75 patients, plastic stenting, naso-gallbladder drainage and metal stenting were performed in 12, 42 and 21 cases, respectively [3]. Furthermore, recently not only gallbladder drainage but also successful stone removal has been reported.

In conclusion, EUS-guided gallbladder drainage holds high potential as an alternative gallbladder decompression procedure. However, because current experience is limited, multi-center trials for accurate evaluation of this procedure appear to be necessary in the near future.

References