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ABSTRACTS PRESENTATIONS

1564—AMAZING TECHNOLOGIES

ENDOSCOPIC DUODENO-CHOLEDOCHOSTOMY

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Introduction: The obstruction of the distal part of the common bile duct in most cases is eliminated by endoscopic transpapillary interventions. However, in up to 10% of cases transpapillary drainage of biliary tree is unsuccessful for various reasons. Percutaneous transhepatic drainage of biliary ducts and open surgical interventions in biliary tract obstruction have their own disadvantages.
Aim: Creation of bile offtake into the duodenum with minimally invasive methods in case of common bile duct distal part obstruction and failure of endoscopic transpapillary drainage.
Materials and Methods: The anatomical relationships between the duodenum and the common bile duct in its distal parts, ranging from the retroduodenal part to the Oddi sphincter, have been studied. Also, the possibility of passing light through the walls of the common bile duct and duodenum by a light source introduced into the lumen of the common bile duct is also experimentally determined.
Results: The gap between the wall of the duodenum and the common bile duct has no free spaces ranging from 6.1 ± 0.2 mm from the sphincter of Oddi. The length of the conditional line between the lumens is from 7.1 ± 0.2 mm at a distance of 60 mm from the Odd sphincter to 4.7 ± 0.1 mm at a distance of 30 mm from the sphincter of Oddi. On a site up to 40 mm from the sphincter of Oddi, the common bile duct and duodenum are in immediate proximity to each other without voids, which is predispose for the formation of a connection between the lumen of the duodenum and the common bile duct. The light source from the common bile duct is visualized from the lumen of the duodenum with varying intensity up to 50 mm from the sphincter of Oddi. To connect the duodenal lumens and the common bile duct, endoscopic retroduodenal light-oriented duodenocholeoodogostomy was developed and introduced.
Conclusions: The results of the endoscopic light-oriented duodenocholedochostomy statistically do not differ from the endoscopic transpapillary drainage of common bile duct. Statistically significant better results were found in comparison with open bilioenteric anastomosis in all investigated parameters.
Key statement: Endoscopic light-oriented duodeno-choledochostomy can be successfully applied in cases of obstruction the distal part of the common bile duct.

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883—UPPER GI—Benign Esophageal disorders

PERORAL ENDOSCOPIC STAPLE DIVERTICULOSTOMY IN A TREATMENT OF ZENKER'S DIVERTICULUM

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Aims: In 1885 Wheeler described first successful external excision of Zenker's Diverticulum. In most of the surgical fields minimally invasive treatment more and more becoming the standard. Despite all advantages, minimally invasive treatment of a Zenker's Diverticulum has not become a well-accepted standard. In this video we present a case of peroral endoscopic staple diverticulostomy.
Methods: 74 y.o. woman and a BMI 28 was presented with a history of dysphagia symptoms for a 3 years, regurgitation of food residues, intermittent vomiting, recurrent respiratory infections, diabetes mellitus type 2 controlled by metformin and hypertension.
Completing all necessary tests patient was scheduled for peroral endoscopic staple diverticulostomy.
After general anesthesia with complete muscle relaxation the head of the patient is positioned in the "sniffing" position with minor neck extension and head elevation. Then we introduce Weerda diverticuloscope with direction of the hypopharynx and post-cricoid region, with clear diverticulum pouch visualization. Nasogastric tube was placed, and pouch inspected to identify food remnants.
Placement of traction sutures on the corners of a diverticulum wall was done with automatic suturing device with two 2,0 non absorbable sutures. With a 30 mm endoscopic GI stapler endoscopic staple diverticulostomy with a midline V-shape formation, while endoscopic clips were used for obtaining final hemostasis.
Results: Patient head positioning after general anesthesia was 10 min, procedure time was 30 min, for a total of 40 min OR time. Blood loss was less than 20 cc.
Postoperative pain control with nonopioid painkillers. Liquid diet was started on the p.o. day 1. Nasogastric tube was removed on p.o. day 3. Patient was discharged on p.o. day 4.
Complete recovery was observed at 1- and 3-months follow-up.
Conclusion: Peroral endoscopic staple diverticulostomy is feasible and safe in a centers with developed advanced minimally invasive program in a carefully selected patients.

801—UPPER GI—Benign Esophageal disorders

EFFICIENCY OF MINIINVASIVE TREATMENT OF PATIENTS WITH ESOPHAGEAL VARICES BLEEDING

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The aim of the study was to decrease of mortality rates and improve the outcome of treatment in patients with esophageal varices bleeding.
Methods: The study included 242 patients with esophageal varices bleeding. Total number of men—137 (56.61%), women—105 (43.39%). The average age of patients was 56.8 ± 3.6 years. The source of bleeding was established during endoscopy. All patients received drug therapy—non-selective beta-blockers, hemostatic, antisecretory, infusion, symptomatic. Patients of group 1 (n = 195) received just drug therapy. Patients of group 2 (n = 47) received minimally invasive endoscopic surgical interventions such as endoscopic band ligation of bleeding esophageal varices. Subsequently, to reduce portal hypertension and on purpose to prevent new varices emergence the splenic artery embolization was performed.
Results: The average age of patients in group 1 was 56.0 ± 4.2 years. Using just drug therapy we have stopped bleeding in 152 (77.95%) cases. In all cases at the end of treatment we received improvement of clinical and laboratory indices. 43 patients (22.05%) were died. Duration of treatment was 10.2 ± 2.1 days.
The average age of patients in group 2 was 55.1 ± 5.4 years. Performing of endoscopic band ligation and splenic artery embolization we have stopped bleeding in 41 (87.23%) cases. In all cases at the end of treatment we received improvement of clinical and laboratory indices. 6 patients (12.77%) were died. Duration of treatment was 6.4 ± 2.8 days.
Conclusion: Under the condition of esophageal varices bleeding treatment by performing the combination of endoscopic band ligation and splenic artery embolization in comparison with drug therapy we can see the improvement of patient's condition, decreasing of mortality and duration of treatment.