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Endoscopic Ultrasonography-Guided Drainage of Non-Pancreatic Fluid Collections: A Comprehensive Review
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INTRODUCTION: Data on endoscopic ultrasonography (EUS)- guided drainage of non-pancreatic fluid collections is limited. We aim to perform a comprehensive literature review to analyze the safety and efficacy of EUS guided drainage for non-pancreatic fluid collections.

METHODS: We did a web-based search across MEDLINE, EMBASE, GOOGLE SCHOLAR for articles and abstracts published between 2003 and 2019 using key terms "Endosonographic", "EUS", associated "Abscess drainage" and "non-pancreatic fluid collection".

RESULTS: After primary analysis, we included 24 eligible published articles. Studies included a total of 117 patients (54 abdominal and 63 Pelvic abscesses) who underwent EUS guided drainage. Mean age of the study population was 53 years with the majority being males (68%), with average follow up 31.8 weeks (2-166 weeks). 111 (94.8%) patients underwent pigtail stent placement, with 3 undergoing lumen opposing metal stent placement and 3 managed with aspiration alone. Data on stent removal time was available in 17 studies with a reported mean of 33 days (2-129 days). All patient with aspiration required repeat procedures such as stent placement or surgery afterwards. Overall the success rate of EUS guided drainage was 97.3%, irrespective of location of abscess (P, 0.05). There were no reported post procedure complications.

CONCLUSION: Our comprehensive review suggests EUS guided drainage is safe and effective in non-pancreatic abdominal and pelvic fluid collections. It can be a reasonable alternative to surgery.

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EUS Elastography in Prediction of Lymph Node Metastases in Suspected GI Cancer: A Pilot Study
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