

Endoscopic Transpapillary Gallbladder Stenting

We read with interest the article by Higa et al¹ titled “EUS-guided gallbladder drainage with a lumen-apposing metal stent versus endoscopic transpapillary gallbladder drainage for the treatment of acute cholecystitis”. This retrospective study from an American tertiary centre demonstrated effective endoscopic treatment of cholecystitis in both techniques, with better results in those having lumen-apposing metal stent (LAMS) placement (technical success 97.5% vs 84.2%).

In our unit, a large district general hospital in London, we have been using ETGS to treat patients with symptomatic gallstone disease who are unfit at presentation for a surgical cholecystectomy. Within our prospective series we have identified similar results in line with those of Higa et al. To date, 23 patients have been referred for ETGS insertion. Overall ETGS was successfully inserted in 20 patients (87%) - per protocol clinical success rate of 90%.

Our results corroborate the treatment algorithm proposed by Higa et al. with ETGS being the endoscopic intervention of choice for patients with concurrent CBD stones. Eighteen patients in our series had CBD stones in addition to having an indication for gallbladder drainage; all patients successfully underwent CBD stone extraction with ETGS inserted in 15 patients (83%). We also agree EUS guided drainage should be avoided in patients in whom a surgical cholecystectomy is currently precluded by their clinical status to avoid making future surgery more challenging.

Areas for further ETGS research include the type of stent used; this is analogous to the improved efficacy of EUS-guided drainage following the introduction of LAMS. Within our series we have also been inserting larger 10Fr stents in contrast to the 7Fr employed in the Higa series. Furthermore, cystic duct cannulation can often be challenging; the use of direct cholangioscopy to identify and cannulate the cystic duct under direct vision during ETGS should also be explored.

Letter to the Editor: reader comments about previously published GIE articles, limited to 300 words and 10 references. Not to be used for case reports

1. Higa, J. T. *et al.* EUS-guided gallbladder drainage with a lumen-apposing metal stent versus endoscopic transpapillary gallbladder drainage for the treatment of acute cholecystitis (with videos). *Gastrointest. Endosc.* **90**, 483–492 (2019).