

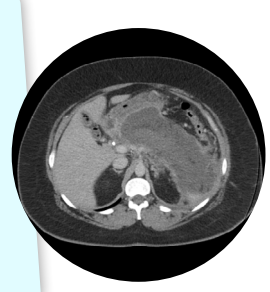
NAME: Paul
AGE: 33 years old

START OF SYMPTOMS

Symptoms
3 days of abdominal pain, fever, loss of appetite, nausea, and vomiting

ER laboratory results
• Elevated white blood cell count

CT scan results
• Severe necrotizing pancreatitis
• Peri-pancreatic fluid largely replacing the body and tail of the gland



Admitted to a **hospital for assessment**

Referred to Gastroenterology

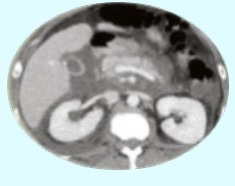



Treatment delayed

• A retrospective comparative study, including 133 patients with walled-off pancreatic necrosis (WON) treated with multiple plastic stents (n = 61) or lumen-apposing metal stents (LAMS) (n = 72), showed a superior clinical success rate for LAMSs (94 % vs. 74%; P < 0.05) (available online in Supplementary materials).¹

The gastroenterologist chose to delay treatment to allow the necrotic area to mature into a WON

Revised Atlanta Classification²

An expert consensus panel reclassified how Pancreatic Fluid Collection (PFC) are defined, considering both the period of time the fluid collection has been present and its content (revised Atlanta Classification).^{3,4}

	Interstitial oedematous pancreatitis ^{3,4}	Necrotizing pancreatitis ^{3,4}
<4 WEEKS	Acute (peri)pancreatic fluid collection Homogenous fluid adjacent to pancreas without a recognizable wall. 	Acute necrotic collection Intra and/or extra pancreatic necrotic collection without a well-defined wall. 
≥4 WEEKS	Pancreatic pseudocyst An encapsulated well-defined, usually extra-pancreatic fluid collection with minimal solids. 	Walled-off necrosis Intra and/or extra pancreatic necrotic collection with a well-defined wall. 

Beginning of treatment

CT scan results (6 weeks later)
• WON formation with liquefaction
• Apposition to the posterior wall of the stomach

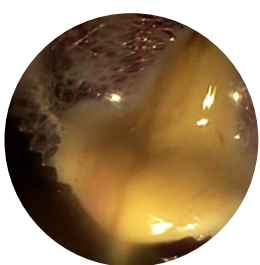
The patient was referred for a cystgastrostomy procedure with a Hot AXIOS™ LAMS placement.

The Hot AXIOS™ Stent and Electrocautery Enhanced Delivery System
• Specifically designed for drainage of pancreatic pseudocysts and intended to overcome the limitations of other drainage options.

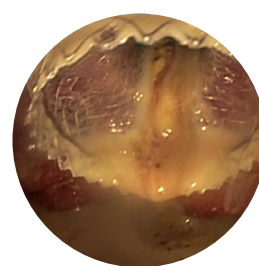
Learn more about Hot AXIOS™ Stent and Electrocautery Enhanced Delivery System

EUS doppler results
• WON (20 cm)
• The lesion had a thick wall and contained copious solid and liquid debris, most consistent with WON.

- WON was accessed via a transgastric route.
- A 20 mm wide by 10 mm long AXIOS LAMS was deployed across the gastric wall.

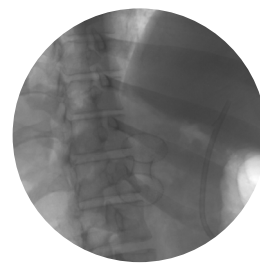


• The stent creates an anastomotic conduit between the lumens of the pancreas and GI tract, enabling large fluid collections and WON to be drained. The Hot AXIOS integrates an electrocautery delivery system that eliminates the need to use a needle to puncture the pancreatic lumen.



- Approximately 1L of purulent content, mixed with solid and liquid PFC drained from the WON to the stomach.
- The stent was left in situ.

- The larger 20 mm AXIOS™ Stent was ideal for this patient as it allowed rapid drainage of both solid and liquid contents and will greatly facilitate any potential endoscopic necrosectomy if needed.



• Lumen apposition of a large diameter stent enables drainage, as well as passage of the endoscope through the stent for additional therapeutic procedures.



Post-procedure:
Paul did not experience any difficulty nor adverse events. He was given a prescription for oral antibiotics and allowed to return home with instructions to follow up with an outpatient appointment.

Every patient. Multiple solutions.

References:
1. Arvanitakis M, Dumonceau JM, Albert J, et al. Endoscopic management of acute necrotizing pancreatitis: European Society of Gastrointestinal Endoscopy (ESGE) evidence-based multidisciplinary guidelines. *Endoscopy*. 2018;50(5):524-546. doi:10.1055/a-0588-5365.
2. Banks PA, Bollen TL, Dervenis C, et al. Classification of acute pancreatitis—2012: revision of the Atlanta classification and definitions by international consensus. *Gut*. 2013;62(1):102-111. doi:10.1136/gutjnl-2012-302779.
3. Trikuladhanathan G, Wolbrink DRJ, van Santvoort HC, Mallory S, Freeman M, Besselink MG. Current Concepts in Severe Acute and Necrotizing Pancreatitis: An Evidence-Based Approach. *Gastroenterology*. Elsevier, Inc; 2019;156: 1994-2007e3. doi:10.1053/j.gastro.2019.01.269.
4. Baron T, Di Maio C, Wang A, Morgan K. American Gastroenterological Association Clinical Practice Update: Management of Pancreatic Necrosis. *Gastroenterology*. *Gastroenterology*; 2020;158: 67-75.e1. doi:10.1053/J.GASTRO.2019.07.064.