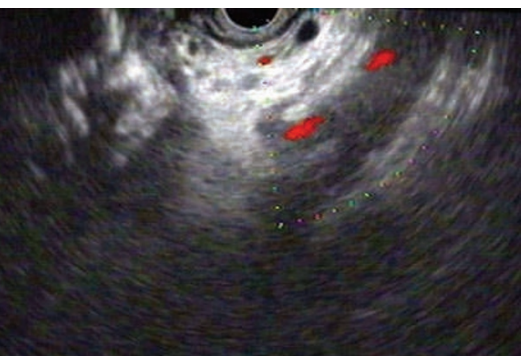


RESEARCH HIGHLIGHTS

PANCREAS

EUS-guided celiac plexus block for pain management

Endoscopic ultrasonography (EUS) and percutaneous fluoroscopy are both techniques used to guide celiac plexus block for the management of pain in patients with chronic pancreatitis. Findings from a new study have now revealed the EUS-guided approach is more effective than fluoroscopic guidance in the treatment of pain in these patients.



Although the EUS-guided approach has become an increasingly accepted method for performing celiac plexus block, few studies have compared this method with the more conventional fluoroscopic guidance approach. This paucity of data led Darisetty Santosh and colleagues to undertake a direct comparison of the effectiveness of these two techniques for the management of pain in patients with chronic pancreatitis.

56 consecutive patients with chronic pancreatitis and abdominal pain who were taking analgesics daily were enrolled in the study. The researchers randomly allocated the patients to undergo celiac plexus block by either an EUS-guided or a percutaneous fluoroscopy-guided approach. Improvement in pain was assessed by using a visual analog scale, and analgesic use was recorded for the comparison of outcomes. Improved pain scores were

reported for 70% of individuals who underwent EUS-guided celiac plexus block, but these scores improved in just 30% of patients who underwent the fluoroscopy-guided procedure. Pain relief was also sustained for longer in patients who underwent celiac plexus block with EUS than in those treated under fluoroscopic guidance. “Although both the techniques are used [for celiac plexus block] ... our data suggest that where facilities exist the EUS approach might be a better option,” explains Santosh.

Susan J. Allison

Original article Santosh, D. *et al.* Clinical trial: a randomized trial comparing fluoroscopy guided percutaneous technique vs. endoscopic ultrasound guided technique of coeliac plexus block for treatment of pain in chronic pancreatitis. *Aliment. Pharmacol. Ther.* **29**, 979–984 (2009).