

Timing of removal of transluminal stents after endoscopic drainage of pancreatic fluid collections: a randomized controlled multicenter trial.

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To evaluate the hypothesis that patients with an abnormal pancreatic duct (PD) in which the transluminal stents are left in situ have a lower pancreatic fluid collection recurrence rate after endoscopic transluminal drainage in comparison to...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Gastrointestinal conditions NEC
Study type	Observational invasive

Summary

ID

NL-OMON39383

Source

ToetsingOnline

Brief title

REMOVE

Condition

- Gastrointestinal conditions NEC

Synonym

Pancreatic pseudocyst

Research involving

Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: pseudocyst, remove, stent

Outcome measures

Primary outcome

Recurrence of a PFC (>6 cm or symptomatic) proximal to the initial PD disruption after endoscopic drainage at or within 18 months after initial drainage

Secondary outcome

- * Complications such as infection, pain that could be associated to leaving stents in situ
- * Number of spontaneous stent migrations before removal

Study description

Background summary

An acute pancreatitis can be complicated by a pseudocyst which can be treated by transluminal endoscopic drainage with stent placement. In case of pancreatic duct disruption, it may be favorable, as for recurrence of the fluid collection, to leave the transluminal stents in situ at least during the first year following endoscopic drainage.

Study objective

To evaluate the hypothesis that patients with an abnormal pancreatic duct (PD) in which the transluminal stents are left in situ have a lower pancreatic fluid collection recurrence rate after endoscopic transluminal drainage in comparison to patients in which the transluminal stents are retrieved.

Study design

Randomized controlled multi-center trial

Study burden and risks

For this study we will evaluate the hypothesis that patients with an abnormal pancreatic duct in which the transluminal stents are left in situ have a lower pancreatic fluid collection recurrence rate after endoscopic transluminal drainage in comparison to patients in which the transluminal stents are retrieved. Benefits of leaving the stents in situ for a longer period of time could be a lower recurrence rate of a pancreatic fluid collection. Associated risks could be infection and pain that can be associated with leaving the stents in situ. Additionally, the stents can migrate spontaneously. In case of complications the gastroenterologist will decide to reintervene endoscopically and if necessary decide to remove the stents prematurely.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- * Patient over 18 years old
- * PFC resolution (no remaining fluid collection larger than 3 cm)
- * Pigtail(s) positioned in remnant PFC
- * Abnormal PD on S-MRCP performed 12-16 weeks after drainage
 - ductal dilation (* 5 mm in body or tail)
 - ductal disruption
 - both ductal dilation and ductal disruption

Exclusion criteria

- * PFC complicating chronic pancreatitis
- * PFC after surgery
- * Recurrence of prior treated PFC
- * Acute-on-chronic pancreatitis

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 24-08-2013

Enrollment: 55

Type: Actual

Ethics review

Approved WMO

Date:	21-05-2012
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	21-06-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL35810.018.12