adenoma.

【Material and Methods】 We followed up 27 patients with gastric adenoma underwent *H.pylori* eradication from April 1997 to December 1997. We evaluated the endoscopic and histological changes of gastric adenoma more than 3 years. We analyzed the relationship between endoscopic and histological changes and the following clinicopathological factors using univariate analysis: follow-up periods, age, gender, serum pepsinogen level, lesion size, lesion location, and phenotypic expression.

【Result】 The total mean follow-up periods were 91.9 months. 12 lesions（44.4%）disappeared in endoscopic findings, and 7 lesions（25.9%）disappeared in both endoscopic and histological findings. The mean period of showing endoscopic disappearances were 21.8 months after *H.pylori* eradication. 6（22.2%）lesions were diagnosed intra-mucosal cancer in the follow-up periods, resulting in performed endoscopic treatments. Univariate analysis revealed that gender（p=0.009）, lesion size（p=0.025）, and serum pepsinogen 2 level before *H.pylori* eradication（p=0.041）were significant associated with endoscopic and histological disappearance of lesions.

【Conclusions】 *H.pylori* eradication might effect to some of gastric adenoma disappearing. Therefore, *H.pylori* eradication can be first therapy for gastric adenoma.

P2-44.

EUS guided placement of plastic vs biflanged metal stents for therapy of walled-off necrosis : a retrospective single-centre series

（大学：消化器内科学分野）
○向井俊太郎、糸井　隆夫、祖父尼　淳
糸川　文英、土屋　貴愛、石井健太郎
辻　修二郎、池内　信人、鎌田健太郎
梅田　純子、田中　麗奈、殿塚　亮祐
本定　三季、藤田　　充、森安　史典

【Objective】 Recently, a novel fully covered and biflanged metal stent（BFMS）dedicated to the drainage of walled-off necrosis（WON）has been developed. The aim of this study is to retrospectively evaluate the safety, efficacy and cost performance of drainage of WON using a novel BFMS compared with a traditional plastic stent.

【Methods】 Seventy patients with symptomatic WON were treated under EUS guidance. Initial drainage using the single gateway technique with placement of one or more plastic stents（PS）or a BFMS. When ineffective, direct endoscopic necrosectomy（DEN）was performed.

【Results】 There were no statistically significant differences in technical, clinical and adverse event rates between PS and BFMS though the size of WON in BFMS group was significantly larger than that in PS group（77.1 mm vs 105.6 mm, p = 0.003）. The mean procedure time of 1st EUS-guided drainage and mean procedure time of re-intervention was significantly shorter in the BFMS group than the PS group（28.8 ± 7.1 vs. 42.6 ± 14.2, respectively ; p <0.001 and 34.9 ± 8.5 vs. 41.8 ± 7.6, respectively ; p <0.001）. There was no statistically significant difference in total cost between PS and BFMS in treatment of WON（$5352 vs. $6274, p = 0.25）.

【Conclusions】 PS and BFMS are equally safe and effective for the treatment of WON. In particular, BFMS placement seems to be preferable at initial EUS-guided drainage and additional reintervention like DEN to reduce the procedure time. Prospective randomized controlled trial is warranted.