A novel method of papilla fixation for difficult biliary cannulation without using a pancreatic duct guidewire: non-guidewire fixation method

Biliary cannulation in patients with periampullary diverticula is challenging due to high mobility and an unusual orientation of the papilla. Although papilla fixation using a pancreatic duct guidewire (PGW) has been performed in such cases, the procedure requires the placement of a guidewire in the pancreatic duct and takes times [1–4] (Fig. 1). The risk of PGW-induced postoperative pancreatitis has also been reported [5]. To overcome these challenges, we developed a novel method for difficult biliary cannulation without using a PGW, involving papilla fixation with a unique double-lumen catheter.

A 68-year-old woman presented with obstructive jaundice due to pancreatic cancer. Biliary drainage was attempted. However, biliary cannulation was difficult because the papilla was highly mobile with many periampullary diverticula and the orientation of the papilla was unusual. The contrasted pancreatic duct was
too short for proper insertion of a PGW to fix the papilla. We used an uneven, double-lumen cannula (UDLC; PIOLAX, Tokyo, Japan); the diameters of the lumens are 0.025 (distal) and 0.035 (proximal) inches. The orifice of each lumen is uneven, and the proximal lumen opens upward, allowing vertical manipulation of the angle-shaped guidewire. This feature is considered anatomically favorable for biliary cannulation, using the cannula tip for fixation of the papilla and the proximal lumen for guidewire manipulation (Fig. 2).

Initially, only the tip of the UDLC is inserted into the papilla for fixation, and biliary cannulation is attempted using the 0.025-inch angle-shaped guidewire (Visi-glide2; Olympus, Tokyo, Japan) from the proximal lumen. The guidewire is manipulated vertically, and biliary cannulation is successfully performed (Fig. 3, Fig. 4, Fig. 5, Video 1).

This novel concept of papilla fixation can reduce the time required for PGW insertion, and the risk of PGW-induced pancreatitis, and may be a useful option for biliary cannulation.

Endoscopy_UCTN_Code_TTT_1AR_2AK

Competing interests

The authors declare that they have no conflict of interest.

The authors

Mamoru Takenaka1, Koichiro Kawano2, Reiko Kawano2, Takao Katoh2, Katsuhisa Nishi2, Masatoshi Kudo1
1 Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, Osaka-Sayama, Japan
2 Department of Gastroenterology and Hepatology, Hyogo Prefectural Awaji Medical Center, Sumoto, Japan

Corresponding author

Mamoru Takenaka, MD
Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, 377-2 Ohno-Higashi, Osaka-Sayama, 589-8511, Japan
mamoxyo45@gmail.com

References


Video 1 A novel method of papilla fixation for difficult biliary cannulation that does not require a pancreatic duct guidewire but instead uses a unique double-lumen catheter. This method may be useful for biliary cannulation.

Fig. 5 Fluoroscopic images showing papilla fixation (left image) and biliary cannulation (right image). The fluoroscopic marker of the uneven double-lumen cannula (UDLC) (a) and contrasted pancreatic duct are visible (b). The angle-shaped guidewire from the proximal lumen (c) is used for biliary cannulation. The guidewire is manipulated vertically, and biliary cannulation is successfully achieved.


Bibliography

Endoscopy
DOI 10.1055/a-1376-6315
ISSN 0013-726X
published online 2021
© 2021. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany