Biliary cannulation can be facilitated by pancreatic stent insertion

We placed a 5 cm 5 Fr Wilson Cook (Winston-Salem, North Carolina, USA) pancreatic stent with an external phalange to facilitate common bile duct (CBD) cannulation in five consecutive patients in whom standard techniques for CBD cannulation (excluding precut sphincterotomy) had failed. The reason for cannulation failure appeared to be due to a combination of factors including angulation of the distal CBD and an abnormal appearing papilla. Pancreatic stent placement was successful in four patients, and subsequent biliary cannulation using the pancreatic stent as a guide was successful in 4/5 with a standard sphincterotome. The fifth patient required a precut sphincterotomy over the pancreatic stent to facilitate biliary cannulation. None of the five patients suffered any ERCP-related complications. Pancreatic duct stent placement for prophylaxis of post-ERCP pancreatitis has become standard practice for higher-risk patients in many centers, including our own. Stent placement to facilitate biliary cannulation has been suggested to be safe and effective [3]. The pancreatic stent most likely facilitates biliary cannulation by straightening distal CBD angulation but possibly also by overcoming difficulties posed by a short common channel [4]. We suggest that pancreatic stent placement to facilitate biliary cannulation in difficult cases may be preferable to initial precut techniques, although further prospective study is required.

References
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