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Summary

PANCREATIC SPHINCTEROTOMY IN RECURRENT PANCREATITIS ASSOCIATED WITH BRANCH-DUCT INTRADUCTAL PAPILLARY MUCINOUS NEOPLASMS: A SINGLE-CENTER RETROSPECTIVE STUDY

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Pancreas

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Pancreatic sphincterotomy achieved clinical success in 81.8% of patients with branch-duct intraductal papillary mucinous neoplasms and recurrent pancreatitis in a retrospective single-center study of 33 patients.

KEY POINTS

- Clinical success, defined as complete resolution or at least 50% reduction in pancreatitis episodes, was achieved in 81.8% of cases, with 72.7% experiencing no further acute pancreatitis episodes after sphincterotomy and 9.1% experiencing reduced episode frequency.
- Adverse events occurred in 15% of patients, including 12% with mild post-ERCP pancreatitis and 3% with intraprocedural bleeding, with no perforations reported.
- During follow-up, worrisome features emerged in 15% of patients, no high-risk stigmata were identified, and no cases of IPMN degeneration were observed.
- Among the 18.2% of non-responders, three underwent a second sphincterotomy with two achieving clinical improvement, and three underwent duodenocephalopancreasectomy including one for concomitant pancreatic ductal adenocarcinoma unrelated to IPMN progression.
- The authors conclude that pancreatic sphincterotomy appears to be a safe and effective option for managing recurrent pancreatitis in selected branch-duct IPMN patients, potentially reducing the need for surgery.

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