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Summary

Latest developments in ERCP

Aurelio Mauro

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Endoscopy | Surgery

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The speaker presented a case of intrahepatic bile duct stones and stricture managed with a novel Vision cholangioscopy system and biodegradable stent, achieving complete clearance without recurrent cholangitis at six months.

KEY POINTS

- A 75-year-old woman with left hepatic duct stricture and intrahepatic stones, after failed conventional ERCP, underwent cholangioscopy-guided lithotripsy using the Vision cholangioscopy system, which the speaker described as having enhanced image quality and two separate working channels for guidewire and lithotripsy probe.
- The speaker placed a biodegradable balloon-expandable stent (Unity B stent) for the inflammatory stricture, citing reduced ingrowth risk compared to uncovered metallic stents and elimination of need for follow-up stent management as advantages.
- At six months, the speaker reported no further cholangitis episodes, only sporadic pain, normal liver function, and no additional ERCP procedures required.
- In discussion, the speaker recommended rectal indomethacin for all ERCP procedures to prevent post-ERCP pancreatitis, which the speaker stated occurs in 5% of low-risk and 10-15% of high-risk patients.
- For difficult biliary cannulation, the speaker's approach includes pre-cut for protruding papillae, double-wire technique otherwise, and direct EUS-guided biliary drainage for malignant obstruction from inoperable pancreatic cancer to avoid pancreatitis risk.

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