MORPHOLOGY OF THE PAPILLA CAN PREDICT PROCEDURAL SAFETY AND EFFICACY OF ERCP - A RETROSPECTIVE COHORT STUDY

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A single-center study of 231 patients found that papilla morphology significantly affects ERCP cannulation success and post-procedure pancreatitis rates, with small papillae showing the highest cannulation failure and protruding papillae showing the highest pancreatitis risk.

KEY POINTS

- Type II small papillae had the highest cannulation failure rate at 14 percent, followed by type I regular papillae at 13 percent, while type IV creased or ridged papillae had the lowest failure rate at 6 percent
- The presence of periampullary diverticulum was associated with a 2.64-fold increased risk of cannulation failure
- Post-ERCP pancreatitis rates were highest in type III protruding or bulging and type IV creased or ridged papillae at 13 percent, compared to 6 percent in type I regular and type II small papillae
- The need for and type of rescue cannulation techniques varied significantly by papilla morphology
- This retrospective study from September 2022 to January 2023 may inform procedural planning for endoscopists performing ERCP on treatment-naive papillae

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