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Summary

OUTCOME OF PRECUT SPHINCTEROTOMY COMPARED TO STANDARD CANNULATION TECHNIQUES IN ERCP WITH DIFFICULT CANNULATION

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In a Swedish national registry study of 9,909 difficult cannulation ERCPs, precut sphincterotomy was not associated with increased procedure-related complications compared to standard cannulation techniques.

KEY POINTS

- Among difficult cannulation cases, 30% were performed with precut sphincterotomy versus 2% in non-difficult cases, with overall complication rates of 9.4% pancreatitis, 2.3% cholangitis, 1.4% bleeding, 1.9% bile leakage, and 0.7% perforation.
- Precut sphincterotomy showed no increased risk of complications in difficult cannulation compared to standard techniques after adjusting for endoscopist and clinic volume.
- Successful cannulation was achieved in 87.9% of difficult cases using standard techniques versus 70.4% with precut sphincterotomy.
- The study analyzed 30,561 index ERCPs from the Swedish national GallRiks registry between September 2016 and December 2023, excluding rendezvous procedures.
- Difficult cannulation was defined by the 5-5-2 rule: more than 5 minutes, more than 5 attempts, or more than one accidental pancreatic duct entry.

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