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Summary

RESCUE NEEDLE KNIFE PAPILLOTOMY AND CONVENTIONAL SPHINCTEROTOMY IN THE ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP) CANNULATION: A COMPARISON OF SUCCESS AND ADVERSE RATE BY USING PROCEDURE TIME MATCHED COHORT

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UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

A retrospective six-year study of 416 ERCP cases found that sphincterotomy with rescue needle knife papillotomy achieved 100% biliary cannulation success in difficult cases without increased adverse events compared to sphincterotomy alone.

KEY POINTS

- Among 416 ERCP cases, 43 procedure-time-matched pairs compared sphincterotomy alone versus rescue needle knife papillotomy for biliary cannulation.
- Biliary cannulation succeeded in all cases (100%) using sphincterotomy with rescue needle knife papillotomy technique, with no failures.
- Rescue needle knife papillotomy showed no differences in cumulative radiation doses, cannulation time, or adverse event rates compared to sphincterotomy alone.
- Post-ERCP pancreatitis rates were similar between groups (3.9% versus 4.3%, p=0.883), and no perforation occurred in either group.
- The authors conclude that sphincterotomy with rescue needle knife papillotomy can be used safely and effectively in difficult biliary cannulation cases during ERCP.

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