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Summary

Video case: ERCP for Haraldsson type 2 papilla, small, difficult cannulation: How do I manage?

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Type 2 papilla, characterized as small and flat with diameter at least 3 millimeters, presents in approximately 13% of cases and is associated with difficult biliary cannulation in half of patients, requiring early adoption of advanced techniques.

KEY POINTS

- The speaker stated that type 2 papilla is more difficult to cannulate than regular or type 4 papilla, with difficult cannulation defined by ESG guidelines as exceeding 5 minutes, 5 attempts, or 2 pancreatic guidewire passages.
- Difficult biliary cannulation carries higher post-ERCP pancreatitis risk, particularly for trainees, emphasizing the importance of post-pancreatic prophylaxis.
- The speaker recommended using thin-tip sphincterotomes and hydrophilic wires with no-touch technique to avoid papillary trauma, and identifying the CBD axis between 12 and 11 o'clock and pancreatic duct between 1 and 2 o'clock.
- Early switching to advanced techniques such as double guidewire or pancreatic-assisted cannulation is recommended over prolonged standard attempts, as advanced techniques showed higher success and lower pancreatitis rates.
- Trans-pancreatic sphincterotomy was reported as less effective in type 2 papilla and requires long incisions, while pre-cut and fistulotomy are more difficult due to limited intraduodenal tissue.
- The speaker described adapting rescue strategies based on indication (benign versus malignant) and patient characteristics, while maintaining a consistent initial gentle cannulation approach.

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