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Summary

What are the opportunities for endoscopic therapy?

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Surgery | Pancreas | Endoscopy

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Endoscopic therapy for chronic pancreatitis should be reserved for pain management in selected patients, with pancreatoscopy-directed lithotripsy emerging as an increasingly important option when surgery is not feasible.

KEY POINTS

- The speaker stated that pain is the only indication for endoscopic therapy in chronic pancreatitis; patients with pancreatic ductal stones but no symptoms should not undergo procedures.
- Randomized trials showed surgery superior to endoscopy for pain relief, though the speaker noted that more than 50% of endoscopy-first patients never required surgery and that endoscopic techniques have advanced since those studies.
- Favorable anatomical criteria for endoscopic therapy include a single stone less than 10mm in the main pancreatic duct within 15mm of the ampulla without an intervening stricture.
- The speaker's practice increasingly uses pancreatoscopy with laser or electrohydraulic lithotripsy at the index procedure, with newer 7.5 French and 6.5 French scopes expanding opportunities.
- Fully covered metal stents in the pancreatic duct carry a definite risk of strictures at the proximal flange if left longer than 6 to 8 weeks, unlike in the bile duct where they can remain for months.
- All patients should be discussed in a multidisciplinary team with surgeons, and if endoscopic procedures fail, the speaker recommends returning to surgical discussion early rather than persisting with repeated endoscopic attempts.

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