

PANCREATOSCOPY-GUIDED ELECTROHYDRAULIC AND LASER LITHOTRIPSY OF A LARGE OBSTRUCTIVE INTRADUCTAL STONE IN A PATIENT WITH CHRONIC PANCREATITIS AND REFRACTORY PAIN

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Poster

Pancreas

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A 47-year-old man with chronic pancreatitis and a 16mm impacted pancreatic duct stone refractory to conventional ERCP ultimately achieved complete stone clearance and symptom resolution after three sessions combining pancreatoscopy-guided electrohydraulic and holmium laser lithotripsy.

KEY POINTS

- Initial EUS and MRCP revealed main pancreatic duct dilation with intraductal stones including a 16mm stone impacted in the isthmus that could not be removed by two prior conventional ERCP attempts.
- First pancreatoscopy-assisted electrohydraulic lithotripsy session using Spyglass cholangioscope and Autolith system achieved fragmentation of the largest stone but required three probes due to extreme hardness and left residual debris despite basket extraction.
- A second electrohydraulic lithotripsy session did not achieve complete stone clearance.
- Six months later, pancreatoscopy-assisted holmium laser lithotripsy with a 365um fiber successfully fragmented a residual 8mm stone with complete fragment removal using balloon extraction and saline irrigation through a 24-hour nasopancreatic tube, resulting in complete symptom resolution.
- This case illustrates a stepwise advanced endoscopic approach for complex pancreatic stones refractory to standard techniques in chronic pancreatitis.

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