

THE IMPACT OF PERIAMPULLARY DIVERTICULUM ON CANNULATION RATE AND ADVERSE EVENTS IN ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

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Poster

Hepatobiliary

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A Swedish registry study of 73,937 ERCPs found that periampullary diverticulum slightly reduces cannulation success, particularly when the papilla is inside the diverticulum, but does not compromise overall procedural safety.

KEY POINTS

- Periampullary diverticulum was present in 11.6% of ERCPs in the study population, with 3.8% classified as Boix Type 1 (papilla inside the diverticulum) and 7.8% as Type 2 or 3 (papilla at or adjacent to the edge).
- Successful cannulation was lower in PAD patients compared to non-PAD patients (88.6% vs. 89.7%; $P=.002$), with the lowest rate in Type 1 PAD at 81.1% ($P<.001$).
- Procedure duration was similar between PAD and non-PAD groups (37.4 vs. 37.5 minutes; $P=.73$), and overall adverse event rates did not differ significantly (16.4% vs. 15.5%; $P=.05$).
- PAD was associated with increased bleeding risk (1.8% vs. 1.3%; $P=.001$) but lower rates of cholangitis (1.8% vs. 2.3%; $P=.01$) and pancreatitis (4.5% vs. 5.2%; $P=.008$).
- This large registry study is relevant for endoscopists performing ERCP who encounter periampullary diverticula and need to anticipate cannulation challenges without heightened safety concerns.

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