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Summary

INFLUENCE OF PAPILLARY MORPHOLOGY ON CANNULATION DIFFICULTY AND COMPLICATIONS DURING ERCP: A COHORT FROM A HIGH-COMPLEXITY CENTER IN LATIN AMERICA

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A prospective Colombian study of 58 ERCP patients found that type 1 and type 3 papilla morphology were associated with greater cannulation difficulty, though complication rates did not differ significantly by papilla type.

KEY POINTS

- Difficult cannulation occurred in 13.8% of cases overall, with higher frequency in type 1 (13.5%) and type 3 (12.5%) papillae compared to type 2 (0%), while the single type 4 case also had difficult cannulation.
- Advanced cannulation techniques were required in 34.5% of cases and were associated with significantly longer cannulation times (median 21.2 minutes versus 0.5 minutes for conventional techniques).
- Post-ERCP pancreatitis occurred in 6.9% of patients and cholangitis in 3.4%, with no statistically significant association between complication rates and papilla morphology ($p = 0.68$) or use of prophylactic measures ($p = 1.0$).
- The study enrolled patients with intact, naïve major duodenal papillae undergoing ERCP primarily for choledocholithiasis (81.0%), using standardized ESGE criteria to define difficult cannulation.
- This work may inform preprocedural planning and training priorities in high-complexity endoscopy units, though limitations include small sample size and lack of endoscopist stratification.

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