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Summary

Latest developments in ERCP: What is the state of the evidence?

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Endoscopy | Surgery

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The speaker reviewed contemporary advances in ERCP technique, emphasizing tailored approaches to difficult cannulation, complex biliary stones, indeterminate strictures, and altered-anatomy cases.

KEY POINTS

- The speaker stated that recognizing papillary morphology (types 2 and 4 are associated with difficult cannulation) and using advanced imaging techniques can improve cannulation success and reduce procedure time.
- For stones larger than 10 mm, the speaker recommended attempting standard techniques first, then dilation-assisted extraction, and finally cholangioscopy with electrohydraulic or laser lithotripsy; in a multicenter study of 168 patients, the speaker reported stone extraction success in over 90% of cases with about 9% adverse events.
- The speaker stated that cholangioscopy with direct visualization and biopsy should achieve 80% pathological diagnosis in indeterminate strictures and is more effective than biliary brushing or fluoroscopic biopsy, which have sensitivity no more than 60%.
- The speaker emphasized that drainage of 50% of liver parenchyma is sufficient and that unilateral drainage can be adequate, rather than requiring bilateral drainage.
- The speaker stated that ERCP and endoscopic ultrasound-guided biliary drainage are complementary techniques, and that patients with surgically altered anatomy may benefit from therapeutic linear ultrasound or referral to higher-volume centers.

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