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Summary

# HPB video case - ERCP/EUS: What not to do

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Postgraduate Teaching Programme Barcelona 2026 | Presentation

Endoscopy

October 18, 2026

**The speaker presented two cases illustrating that post-ERCP pancreatitis can occur despite preventive measures, emphasizing that prevention begins with appropriate patient selection and that severe complications may be unavoidable even in expert hands.**

## KEY POINTS

- In the first case from 25 years ago, a young woman with improving biliary pancreatitis underwent ERCP without clear indication, developed severe post-ERCP pancreatitis, and was hospitalized for over one month.
- The patient had no CBD dilation, was improving clinically, and biliary pancreatitis without cholangitis does not require urgent ERCP, making the procedure unnecessary.
- In the second case from last year, a 61-year-old man with a CBD stone visible on MRI received prophylaxis including rectal NSAIDs and hyperhydration, underwent ERCP with double guidewire technique and sphincterotomy, but lost the pancreatic guidewire and could not receive pancreatic stenting.
- Despite appropriate prophylactic measures and technique, the second patient developed very severe post-ERCP pancreatitis requiring nine months of hospitalization.
- The speaker stated that ERCP is more dangerous for those who need it least and that prevention of post-ERCP pancreatitis begins with appropriate indication for the procedure.

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