

THE FEASIBILITY OF A PASSIVE BENDING COLONOSCOPE FOR ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN THE PATIENTS WITH SURGICALLY ALTERED ANATOMY

Masaki Kuwatani

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Poster

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A multicenter propensity-matched study of 210 patients with surgically altered anatomy found that passive bending colonoscope ERCP achieved similar success rates to balloon-assisted enteroscope ERCP but with significantly shorter procedure times and lower adverse event incidence.

KEY POINTS

- Success rates for reaching the target site were comparable between passive bending colonoscope and balloon-assisted enteroscope groups (91.4% versus 90.5%, $p = .809$), as were cannulation success (97.8% versus 90.2%, $p = .062$) and procedure completion rates (88.6% versus 81.0%, $p = .178$).
- Mean time to reach the anastomosis or ampulla was significantly shorter with passive bending colonoscope (10.04 minutes versus 18.77 minutes, $p < .001$), as were cannulation time (2.7 minutes versus 7.13 minutes, $p < .001$) and total procedure time (42.32 minutes versus 65.73 minutes, $p < .001$).
- Adverse event incidence was significantly lower in the passive bending colonoscope group (4.8%, 5/105) compared to the balloon-assisted enteroscope group (19.0%, 20/105, $p < .001$).
- This multicenter observational study used propensity score matching to balance 105 patients in each group for type of surgically altered anatomy, presence of stomach, presence of naïve papilla, age, and sex.

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