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Summary

PAPILLARY LARGE BALLOON DILATATION VERSUS ENDOSCOPIC COMPLETE SPHINCTEROTOMY IN PATIENTS WITH LARGE COMMON BILE DUCT STONE(S) AND PERIAMPULLARY DIVERTICULUM

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A prospective randomized multicenter study of 48 patients with periampullary diverticula and large CBD stones found endoscopic papillary large balloon dilatation after limited sphincterotomy achieved higher stone clearance and lower pancreatitis rates than endoscopic sphincterotomy alone.

KEY POINTS

- Stone extraction success was 87.5% with EPLBD after limited sphincterotomy versus 54.17% with EST alone, a statistically significant difference (p = 0.011).
- Post-ERCP pancreatitis occurred in 12.5% of the EPLBD group versus 58.33% of the EST group (p = 0.001), with no perforations or deaths in either group.
- The technique used was the only independent predictor of stone extraction success on univariate regression (OR 5.92, 95% CI 1.38 to 25.30, p = 0.009).
- Study limitations include small sample size (48 patients), randomization after cannulation introducing potential selection bias, no lithotripsy use, and no evaluation of long-term outcomes or cost-effectiveness.
- This is described as one of the first randomized trials specifically in patients with periampullary diverticula and large CBD stones.

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