

ABLATION USING PAPILOTOME AND BIPOLAR HEMOSTATIC FORCEPS FOR PATIENTS WITH INTRADUCTAL RESIDUAL TUMOR EXTENDING INTO THE PANCREATIC OR COMMON BILE DUCT AFTER ENDOSCOPIC PAPILLECTOMY

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Poster

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Retrospective study reports ablation using a papillotome and bipolar hemostatic forceps as a safe and effective method for treating residual intraductal pancreaticobiliary lesions after endoscopic papillectomy of ampullary tumors.

KEY POINTS

- Among patients treated between January 2017 and March 2023, adverse events occurred in 3 patients (11.5%), including one delayed bleeding and three symptomatic biliary strictures.
- The technique uses a papillotome in Spray Coagulation mode and bipolar hemostatic forceps energized with forceps open without grasping tissue, intended to prevent excessive thermal damage to deeper tissue layers.
- During a median follow-up of 311 days, one patient with T1 carcinoma invading the sphincter of Oddi experienced recurrence in the pancreatic duct, while no local recurrence was detected in other patients.
- The authors conclude that more studies are needed to confirm these findings.

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