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Summary

APPROACH TO CASES OF FAILED PRE-CUT SPHINCTEROTOMY - SEEKING BILE DUCT WITH THE HYDROPHILIC GUIDE WIRE, COMPLETELY DEPENDENT ON FLUOROSCOPIC VIEW

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A fluoroscopy-guided technique using hydrophilic guidewire through exposed submucosal tissue achieved biliary cannulation in 93.5% of cases after failed pre-cut sphincterotomy but was associated with higher complication rates.

KEY POINTS

- In 77 patients who failed initial pre-cut sphincterotomy (needle knife or transpancreatic septotomy), the technique of engaging exposed submucosal tissue with a catheter and seeking the bile duct with a hydrophilic guidewire under fluoroscopy achieved successful biliary cannulation in 72 patients (93.5%).
- Complications occurred in 15 patients (19.5%): 9 developed post-ERCP pancreatitis (11.7%, including 1 severe case), 4 had guidewire-related perforations managed conservatively (5.2%), and 2 had bleeding requiring endoscopic treatment and transfusion (2.6%).
- Total complications were significantly more frequent in the failed pre-cut group treated with this technique compared to those successfully cannulated after initial pre-cut ($p = 0.03$).
- The study was a retrospective analysis of 262 pre-cut sphincterotomy procedures performed over nearly 15 years at a single center in Tokyo, with indications in the failed pre-cut group including choledocholithiasis (57.1%) and malignant or benign biliary obstruction (42.9%).

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