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Summary

MORPHOLOGICAL EVALUATION OF THE RELATIONSHIP BETWEEN DIFFICULT BILIARY CANNULATION DURING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY AND THE SHAPE OF THE MAJOR DUODENAL PAPILLA AS WELL AS INTRA-AMPULLARY BIFURCATION OF THE PANCREATICOBILIARY DUCTS

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A retrospective analysis of 1,700 ERCP cases found that difficult biliary cannulation is associated with papilla morphology, number of orifices, and intra-ampullary pancreaticobiliary bifurcation patterns.

KEY POINTS

- Type 3 papilla shape with a single orifice and specific intra-ampullary pancreaticobiliary bifurcation patterns (Figures V, T, or X) significantly increased the difficulty of selective biliary cannulation.
- Compared to dual orifices, a single papillary orifice had an odds ratio of 2.5 for difficult cannulation, while Type 3 papilla shape had an odds ratio of 1.7 compared to Type 1.
- Among intra-ampullary bifurcation types, Figure X pattern showed the highest association with difficult cannulation with an odds ratio of 5.1, followed by Figure T at 2.4 and Figure V at 1.6.
- Intra-ampullary cysts showed no statistically significant association with difficult biliary cannulation across all three location types analyzed.
- The authors suggest that contrast-assisted cannulation to visualize intra-ampullary bifurcations may help overcome cannulation difficulties related to unexpected anatomical variations.

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