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Summary

MANAGING CHOLEDOCHOLITHIASIS: DOES THE TECHNIQUE REALLY MATTERS?

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Needle-knife fistulotomy after failed standard cannulation was less effective than standard cannulation for removing bile duct stones during ERCP, though complication rates were similar between approaches.

KEY POINTS

- In a retrospective cohort of 379 patients with choledocholithiasis, needle-knife fistulotomy after failed cannulation had a significantly lower stone removal success rate compared to standard cannulation (p less than 0.003).
- Regression analysis showed needle-knife fistulotomy was associated with lower stone removal success in the initial ERCP (odds ratio 0.34, 95% CI 0.14-0.81, p equals 0.015).
- Adverse events occurred in 6.60% of patients overall and did not differ significantly between needle-knife fistulotomy and standard cannulation (p equals 0.307), with pancreatitis rates of 3.7% and 5.1% respectively (p equals 0.340).
- Larger stone size (10-15mm and greater than 15mm) and having 4 or more stones were also predictors of lower stone removal success in the initial ERCP.
- This study is relevant for endoscopists performing ERCP and managing patients with difficult biliary cannulation for choledocholithiasis.

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