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Summary

How to assess the biliary tract

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Pancreas | Radiology & Imaging | Hepatobiliary

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The speaker advocates for selective, multimodal imaging before ERCP in biliary disease, emphasizing that invasive procedures like ERCP carry patient risk and should follow non-invasive imaging such as MRCP, with second-look image review improving diagnostic accuracy and management decisions.

KEY POINTS

- For bile duct stones at intermediate or low risk, there is consensus to perform endoscopic ultrasound before ERCP to rule out or diagnose stones, proceeding to ERCP only if positive
- MRCP is the speaker's preferred technique for biliary strictures, and second-look review of imaging by experienced readers shows discrepancy rates of 20-30% with resulting management changes
- In hilar strictures, the speaker states imaging must precede ERCP because injecting contrast during ERCP exposes patients to very high cholangitis risk and hepatobiliary surgeons require specific sequenced information for planning
- Cholangioscopy yields an incremental tissue diagnosis benefit as stated by the speaker, though ESG guidelines rate the supporting studies as low certainty
- The speaker notes that neoadjuvant cancer therapies have increased the need for definitive tissue diagnosis beyond cytology, requiring markers that change procedural requirements
- In the Q&A, the speaker expressed interest in a randomized trial of early cholangioscopy and noted that asymptomatic bile duct stones may lead to problems in 20-30% of cases if observation is chosen

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