

Evaluating the combination of wire assisted cannulation and pure-cut sphincterotomy during therapeutic endoscopic retrograde cholangiopancreatography: A prospective case series study

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Introduction: Post Endoscopic retrograde cholangiopancreatography pancreatitis (PEP) is a well-known complication of endoscopic retrograde cholangiopancreatography (ERCP), ranging from biochemical rise of amylase to severe fatal necrotising pancreatitis. Since pancreatitis is a preventable complication, technical optimisation at pre, intra and post procedural levels should be carried out to reduce the risk. Trying to implement the best approach to lower the risk of pancreatitis, combination of wire assisted cannulation and pure-cut sphincterotomy technique were adopted, since each of these techniques is individually proven to be associated with lower risk of pancreatitis.

Methods: Prospective large case series study.

Results: Over two years period, therapeutic ERCP was performed for 311 patients (123 males and 188 females) for various indications, patient ages ranging from 26-97 (males) and 14-93 (female). PEP happened in 5 patients of the entire number of patients (1.6%). Only 1 of them was male (0.8%) while the other 4 patients were female 2.1%). Neither perforation nor significant bleeding that required blood transfusion or extension of hospitalisation has happened.

Discussion: On one hand, there is a lot of debate regarding

the effectiveness of wire assisted technique as a preventing measure in regards to PEP, on the other hand, few studies used pure-cut sphincterotomy as preventive measure of PEP. In both aspects as we notice, there is no clear cut-line which method is better or is more effective. So we tried to clarify or at least raise up a question, so further studies are needed to investigate in separate taking in account that in the current work both pancreatic stent and pharmacological prophylactic measures were not used.

Conclusion: Combination of wire assisted cannulation with pure-cut sphincterotomy technique appears to be safe, cost effective, with high success rate and low risk of PEP.

Speaker Biography

Fawzi H Obide is a consultant gastroenterologist in Misrata Centre of Gastroenterology and Hepatology and is a Lecturer in Misrata Faculty of Medicine - Misrata University. He received his training in Misrata Central Hospital and Tripoli Medical Centre governed by the Libyan Board of Medical Specialties. He is playing a very active role in the field in Libya. He is a trustee in the Libyan Society of Liver disease and in the Libyan Society of Gastrointestinal endoscopy. He is the founder and the head manager of Misrata Centre of Gastroenterology and Hepatology and is the founder of a medical company which provides high quality medical services in gastroenterology. He is also a member of the European Association of Study of Liver Disease (EASL) and the European Society of Gastrointestinal Endoscopy (ESGE)

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