

# GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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## In pursuit of complete ERCP: Contrast-assisted cannulation beyond wire guided cannulation

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ERCP is the standard procedure for endoscopic biliary treatment. However the rate to access Bile Duct (BD) has not up to 100% on any facilities, between 92.5 with 98.7% in previous reports. How would we shoot the rest cases? Consider how to improve them. Popular Wire-Guided Cannulation (WGC) would not elucidate unsuccessful cases owing all to endoscopist's skill without key images of cannulation difficulty. On the other hand Contrast-Assisted Cannulation (CAC) provides much information. In practice, there are many anatomical variations of Intra-Ampullary Bifurcations (IAB). A small volume of contrast may provide useful guidance for its variation and angle of IAB, furthermore the presence of Intra-Ampullary Choledochocoele (IAC), which has not reported. IAC is recognized a tiny cyst on midway of BD within ampulla by only CAC, would require refractory pursuit the deformed axis even shown pathway. We report our consecutive data on our facility. We have been consecutively performed ERCP with CAC for all patients. Our strategy was carried out with a small volume contrast medium injection. A selective cannulation to BD was completed by a catheter operation only without Guide Wire (GW) seeking. The success rate to access BD was 97.9% and overall post-ERCP pancreatitis was 1.6%. We consider the difficulty of ERCP would be related with shape of papilla. We also show its variation and classification out of our accumulation. The difficulty on ERCP was morphologically evaluated by anatomical IAB. IAC is only recognized by CAC even GW would not trace the deformed axis. IAC would be one of the factors for difficult ERCP, therefore CAC would be a preferable strategy to identify the presence of IAC. Careful treatment under knowledge of IAB would provide secure and certain ERCP.

### Biography

Noriyuki Nishino has his expertise in evaluation and passion in diagnosis and treatment of Gastroenterology, especially pancreatobiliary system with ERCP and diagnosis by Abdominal xerography. He has completed his Graduation from Jichi Medical University in 1987. He is a Director of Gastroenterology Center, Southern TOHOKU Hospital.

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