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MRCP before ERCP: the added value in the management of common bile duct stones

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SEPO

Editorial Celiac disease-related bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Berca Valencia	Lesión de Bowdener: diagnóstico por gastroscopia R. Barrio Iglesias, N. N. Barrio Irujo, M. Paz Novas y J. E. Dominguez Muñoz	65
Trabajos Originales Risk factors for severity and recurrence of colonic diverticular bleeding N. Anzueto, P. Calvo, A. Arduini, M. Escobar and N. Guzmán	Notas Clínicas Celiac crisis in adults: a case report and review of the literature focusing in the prevention of relapsing syndrome M. de Alaveda-Nemón, V. L. Barrio-Cabral and S. L. Latorre	67
Management of inflammatory bowel disease: the other diagnosis J. Bermejo, A. Rojas, S. López-Castaño, J. Cuervo, M. Acuña-Barca, M. Hernández-Serna, C. García, M. de la Cruz, D. Barrio and A. López-García	Herangangiomas: benign pathosis. Una localización infrecuente de tumor vascular? I. Alonso Abad, J. M. García-Cabrera, L. Aguirre-Díaz, A. M. Quintana-Rivero y A. Colla-Morero	69
Influence of sustained blood response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Barrio, J. Calvo, M. J. López-Alcalá, I. López, M. T. Ariza, A. Galván, F. Castiella, E. Fabrega and J. Crespo	Hemólisis por eritropoiesis supresiva intravascular C. Pizarro-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Aranzabal-Arribas y C. García-Delgado	70
Malnutrition risk questionnaire combined with body composition measurement as nutritional screening in inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pri, I. Pall and P. Muñoz	Endoscopic removal of intubated large varicose gastric: a case report M. Oquendo and S. Torres-Munoz	73
A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	Massive volvulus: an unusual cause of abdominal mass A. Tapia-Palacio, M. R. Ramos-Vázquez, J. C. Cordero-Ramos, J. Cordero-Lafont and L. Carillo-Pérez	76
Revisión Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salín, C. Salinas, F. Day and M. J. Cuervo	Cartas al Editor Necrotic enterocolitis: not an tumor para todos M. de Barrio, J. Barrio-Fernández y M. N. Ramos-Rodríguez	79
Indicadores en Patología Digestiva Neutrophil de la arteria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sempere-Jaguar, P. Albaladejo-Serna y J. C. García-Pérez	Presentación intestinal de tuberculosis por micobacterias patógenas que se asocia a complex de Raynaud, patología infrecuente y poco conocida Y. Pardo-Vargas, D. M. Aguirre y L. A. Alvarez	80
Neutrophilic colitis intestinal A. F. Romero-Muñoz y R. Barrio-Zelga	Peroral endoscopic myotomy for an achalasia patient with multiple esophageal diverticula Y. Se, H. Zhu and D. Liu	81
Tumores de Wilms a cinco años de edad C. Ochoa-Sandoval, C. L. Hernández-Segura, P. Pinedo-Rodríguez y A. N. González-Fernández	Analisis y endoscopia intestinal: entidades inflamatorias en el diagnóstico diferencial de abdomen agudo C. Sánchez-Jiménez, I. Goveas-Nieto y J. A. Abad-Pérez	81
Endoscopic removal of leiomyomas in a sclerosing patient J. L. Barrio-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez	Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Ulcers-Crohn R. Fernández-Cruz, A. Barrio-Cabrera y E. Muñoz-López	83
All four glitters is not gold: A different cause for an "obscure colitis" A. Pinedo, M. Soto, I. Villaverde and S. Navas	Altoplexia anal: una manifestación paraneoplásica de un adenoma actínico gástrico J. Barrio-Otero, F. Fernández-Sánchez y J. de la Fuente-Aguado	83
	Revisores 2016	85

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MRCP before ERCP: the added value in the management of common bile duct stones

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Dear Editor,

Many image techniques (IT) allow the confirmation or exclusion of the presence of common bile duct stones (CBDS). An abdominal ultrasound and liver function test are performed first. Additional techniques should include magnetic resonance cholangiopancreatography (MRCP) and endoscopic ultrasound (EUS); both are recommended in medium risk CBDS patients (sensitivity 93-95% and specificity 96-97%) (1,2). As experts argue, IT must be less invasive, accurate and cost-effective. Some endoscopists consider that they must provide an added value and not just confirm the presence of CBDS. The technique should allow adequate information to be obtained during the endoscopic retrograde cholangiopancreatography (ERCP) to optimize patient management.

EUS is recommended in specific situations such as the presence of a pacemaker, metal valves and intracranial clips, claustrophobia, morbid obesity, critical patients in the intensive care unit and patients with a negative MRCP and a moderate-high suspicion of CBDS (1,2). MRCP is widely available and non-invasive, sedation is not required, intrahepatic ducts can be explored and is useful in patients with a modified gastroduodenal anatomy. In addition, images can be stored and reviewed after the procedure and the procedure is also cost-effective (1-3).

Discussion

The added value of MRCP before performing ERCP is attractive as it provides a “picture” of the bile ducts that allows:

1. The evaluation of the difficulty of the ERCP procedure and its duration and optimization of the endoscopists’ schedule, providing better information to the patient and their family.
2. To determine the pancreatic duct anatomy in order to avoid its cannulation.
3. To determine the diameter of the bile ducts, number, morphology and sizes of the stones. This information can be the key to the success of the procedure in medium risk patients, especially those with respiratory difficulties during ERCP, as well as situations where radiological image quality is suboptimal.
4. To discard biliary pathology that can be difficult to evaluate during ERCP and that can change patient management (e.g.: Mirizzi).

EUS is very useful in many different pathologies across our specialty. However, we consider we can’t forget MRCP possibilities. In most cases, MRCP represents the most secure and acceptable technic in patients suspected of CBDS (1,4), knowing that EUS experts would prefer it instead. In our own experience, MRCP provides an important previous added value to manage this type of patient and may also impact on the reduction of radiation exposure.

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