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DOI: 10.17235/reed.2020.6504/2019
Link: PubMed (Epub ahead of print)

Please cite this article as:

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A novel pancreatic rendezvous technique for cannulation of the minor papilla

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Financial support
Dr. Dong Wang was supported by the National Natural Science Foundation of China (Grant No. 81370589), Medical Discipline Construction Project of Pudong New Area Commission of Health and Family Planning (Grant No. PWYGF2018-01) and the Shanghai Committee of Science and Technology, China (Grant No. 18441900200).

Keywords: Minor papilla. Chronic pancreatitis. Cannulation. ERCP.

Dear Editor,

Endoscopic procedures for the main pancreatic duct (MPD) are usually performed via the major papilla (1). However, access to the MPD via the major papilla may be difficult in some cases of pancreas divisum and chronic pancreatitis due to an unusual connection between the dorsal and ventral ducts. Minor papilla may be a feasible approach, although direct cannulation is challenging even for expert endoscopists (2).

Herein, we report a novel method for minor papilla cannulation.

Case report
A 47-year-old male was diagnosed with chronic pancreatitis as endoscopic ultrasonography showed multiple stones in the head of the pancreas and a segmental string-of-beads dilation of the pancreatic duct. Placement of a pancreatic duct stent was planned to facilitate drainage after pancreatic extracorporeal shock wave lithotripsy. However, the guidewire could not be inserted deeply into the MPD via the major papilla, despite multiple changes in its position. Direct cannulation of minor papilla was attempted and also failed. Therefore, a novel method was applied as a remedy. First, a major papilla cannulation was performed and the guidewire was intentionally advanced until its tip was pushed out into the duodenum through the minor papilla. Subsequently, the guidewire was left in place and the catheter was removed. Meanwhile, a groove on the tip of the catheter was made, which played a favorable track docking function between the reserved guidewire and the catheter. The remodeled catheter was then advanced along with the reserved guidewire and inserted into the accessory duct, via the minor papilla (Fig. 1A). Subsequently, another guidewire was introduced through the catheter and successfully advanced into the MPD (Fig. 1B and C). Thus a good position was secured for the subsequent bougie dilation and stent placement. No complications were observed.

Discussion
The classical pancreatic rendezvous method for cannulation of the minor papilla required repeated manipulations in the pancreatic duct, which may lead to “cheese cutter” damage of the pancreas (3). Our method provides a new option.

References
Fig. 1. A. A groove was made on the tip of the catheter, which played a favorable track docking function between the reserved guidewire and the catheter. Endoscopic view showing that the remodeled catheter was advanced along with the reserved guidewire and inserted into the accessory duct, via the minor papilla. B. Fluoroscopic view showed that another guidewire was introduced through the catheter. C. The guidewire was advanced into the MPD and the pancreatography was successfully completed.