

Title:
**SUCCESS OF SINGLE-BALLOON ENTEROSCOPE-ASSISTED
ERCP IN PATIENTS WITH MODIFIED ANATOMY**

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SUCCESS OF SINGLE-BALLOON ENTEROSCOPE-ASSISTED ERCP IN PATIENTS WITH MODIFIED ANATOMY

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Dear Editor,

We would like to congratulate Drs. Espinel and Pinedo for their excellent results in single-balloon enteroscopy-assisted ERCP recently published in REED¹. We also want to share our experience.

Between 2015 and 2021 we have performed 31 procedures in 26 patients. Half of the procedures (45.16 %) were performed in patients with Roux-en-Y hepatic jejunostomy. Eight of these (22.80 %) had prior primary bile duct surgery and six (19.35 %) had prior Whipple surgery. The other half of the procedures (54.8 %) presented native papilla: 10 (32.25 %) subtotal gastrectomy and seven (22.58 %) gastric bypass surgery.

The main indication was choledocholithiasis in 21 procedures (67.74 %), followed by benign biliary stricture (22.58 %), bile leak (6.45 %) and one (3.22 %) biliary loop obstruction.

We reached the papilla or bilioenteric anastomosis in 19 procedures (61.29 %) and in 69.23 % of the patients, respectively.

It was possible to cannulate the bile duct and perform cholangiography in 17 procedures (54.83 %), and 17 patients (65.38 %).

Finally, we achieved ERCP therapeutic success in 15 procedures (48.38 %) and 15 patients (57.69 %).

In our center, we present lower success rate of therapeutic ERCP (29.4 %) in patients with native papilla, compared to the one observed in hepatic-jejunostomies (71.43 %), which is statistically significant ($p = 0.04$). Our results are similar to those previously published in the literature².

It is essential to highlight that once we were able to reach the papilla or biliary anastomosis, we could cannulate 100 % of the hepatic-jejunostomy compared to 55.56 % of the native papilla patients.

In our opinion, although the number of cases presented by Espinel and Pinedo¹ is small, the cap is probably helpful to improve cannulation rates in patients with native papilla.

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