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Background and aims: Common bile duct (CBD) cannulation can be difficult in up to 10% of ERCPs performed by experienced endoscopists. This situation leads to increased incidence of both unsuccessful procedures and post-ERCP pancreatitis. Here we report our outcomes using the double-wire-guided technique in accessing difficult biliary ducts and the complication rates associated with this technique.

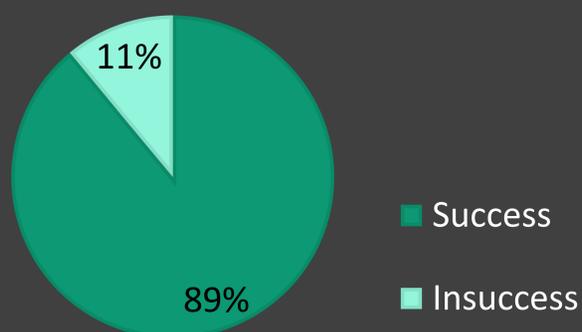
Methods: Clinical charts of patients who underwent ERCP at our tertiary care centre were reviewed retrospectively, from January 2017 to December 2019. The use of the double-wire-guided technique and the rate of successful cannulation of the CBD were registered. The use of post ERCP pancreatitis prophylaxis and the incidence of post-ERCP pancreatitis were calculated.

Results:

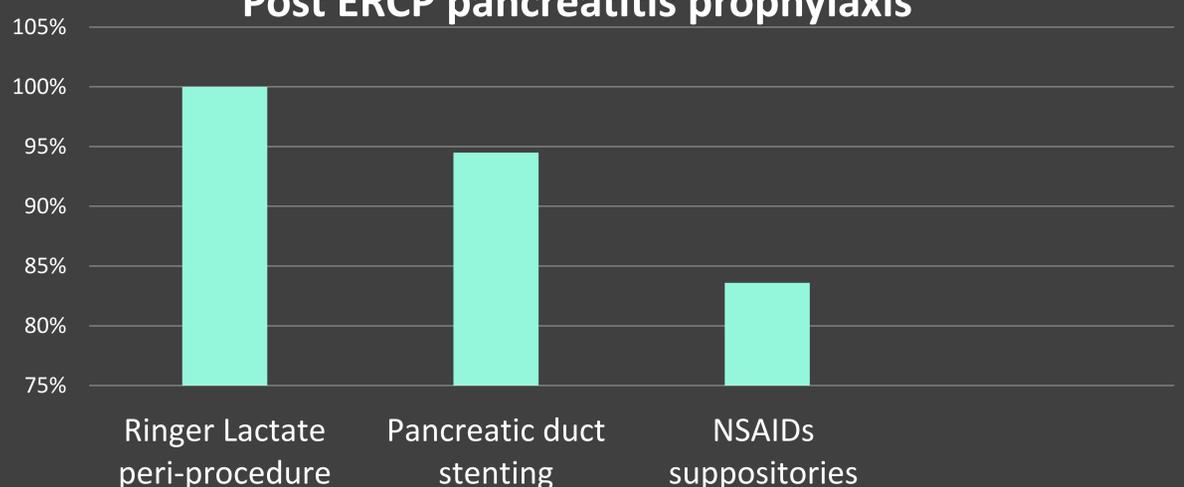


ERCP Indications	
Neoplastic disease of the pancreas with biliary stenosis	58% (N=32)
Choledocholithiasis	38,5% (N=21)
Bile leak	3,5% (N=2)

CBD CANNULATION



Post ERCP pancreatitis prophylaxis



A total of 44 patients (80 %) received triple prophylaxis.

Post ERCP PANCREATITIS



5/55 patients (9%)

All of those received triple pancreatitis prophylaxis.

Conclusions: The use of the double-wire technique is effective in achieving difficult biliary cannulation and does not appear to increase the risk of post-ERCP pancreatitis.