EFFICACY AND SAFETY OF CANNULATION TECHNIQUES IN PATIENTS WITH BILIARY TRACT STENOSIS UNDERGOING ERCP

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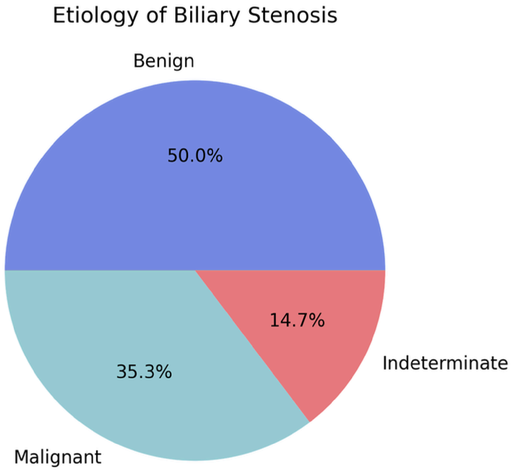
INTRODUCTION

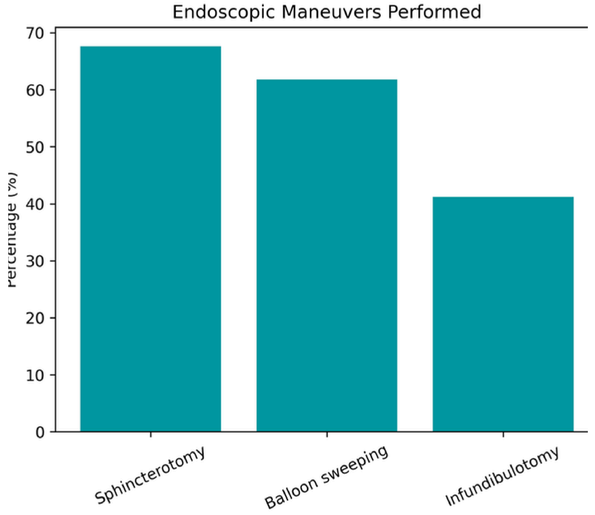
Biliary stenosis is a narrowing of the biliary tract that can be benign, malignant, or indeterminate. Patients commonly present with jaundice and cholestasis. Endoscopic Retrograde Cholangiopancreatography (ERCP) is the gold standard for diagnosis and treatment because it allows: Cholangiographic evaluation, Tissue sampling, Therapeutic interventions such as stent placement. However, difficult cannulation and complications remain clinical challenges. Aim to evaluate the efficacy and safety of cannulation techniques in ERCP in patients with common bile duct stenosis.

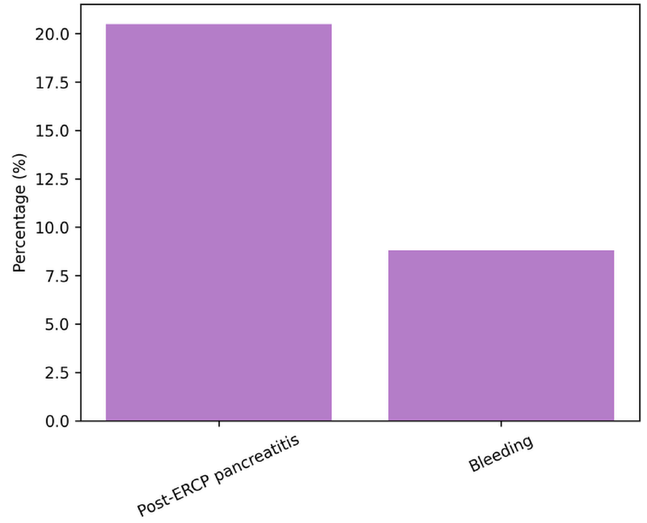
METHODS

Retrospective cross-sectional study.
Hospital: second-level center
Period: 2023–2024
Patients:
Total ERCP procedures: 103
Included patients with CBD stenosis: 34
Variables analyzed:
Demographics
Biochemical markers
Cannulation difficulty (>5 attempts)
Endoscopic maneuvers
Technical and therapeutic success
Procedure-related complications
Statistical analysis:
Fisher's exact test
Student's t test
$P < 0.05$ considered significant

RESULTS







Technical success: 91%
Therapeutic success: 79%
Post-ERCP pancreatitis: 20%

CONCLUSIONS

Most patients with common bile duct stenosis were women. In 50% of cases, the etiology of the stenosis was benign. Difficult cannulation was observed in 47.1% of cases. Complications were infrequent, with pancreatitis being the most common. Infundibulotomy showed a statistically significant association with post-ERCP pancreatitis. In cases of bleeding, an association with elevated alkaline phosphatase levels was identified.
These findings support the use of ERCP as a safe and effective therapeutic option for the management of common bile duct stenosis, even in non–tertiary referral centers.