OPEN ACCESS Freely available online

Pancreatic Disorders & Therapy

Perspective

A Short Note on Endoscopic Pancreatic Sphincterotomy

Tom Dashara*

Department of Pathology, Beth Israel Deaconess Medical Center, Chelsea, USA

DESCRIPTION

Endoscopic Retrograde Cholangiopancreatography (ERCP), the primary method of endoscopic treatment for pancreatic disease, was first described in 1968 and has since spread throughout the world. Although advancements in other imaging modalities, such as computed tomography and magnetic resonance imaging, have reduced the use of ERCP for diagnostic imaging, ERCP-related procedures are increasingly being used for therapeutic purposes. Endoscopic Pancreatic Sphincterotomy (EPST) and endoscopic pancreatic drainage as pancreatic disease treatments. Endoscopic pancreatic sphincterotomy is a procedure that respects the major and minor papillae to widen the pancreatic orifice. In three of these patients, peroral pancreatoscopy was performed, and calculi were removed with a basket catheter under direct visual observation in two others. Three patients also underwent pancreatic duct stenting.

Sphincter of oddi dysfunction

Endoscopic treatment of sphincter of oddi dysfunction may be required in patients with pain that is resistant to pharmacological and other medical treatments, or who have abnormal hepatobiliary or pancreatic enzyme levels. Endoscopic Sphincterotomy (EST) alone improves these in most cases, but EPST should be considered in cases of main pancreatic duct dilation combined with elevated pancreatic enzymes or residual pancreatic pain after EST.

Pancreas divisum

Pancreas divisum is a congenital condition in which most pancreatic juices flow into the duodenum through the minor papilla's smaller orifice, frequently resulting in recurrent acute pancreatitis. Minor pancreatic sphincterotomy may help such patients. Minor pancreatic sphincterotomy may also significantly improve the condition of patients whose pancreatic juices predominantly flow through the dorsal pancreatic duct and the minor papilla is undeveloped, such as those with ventral pancreatic duct obstruction/stricture or a calculus filling the ventral pancreatic duct.

Difficult deep biliary cannulation

When deep biliary cannulation is difficult, endoscopic pancreatic sphincterotomy can be used as a pre-cut method by cutting from the pancreatic duct orifice in the direction of the bile duct orifice with a sphincterotome inserted into the main bile duct.

Endoscopic pancreatic drainage

Pancreatic drainage can be divided into three types based on pathophysiology and purpose: Pancreatic duct drainage for chronic pancreatitis, prophylactic pancreatic duct drainage to prevent post-ERCP pancreatitis, and drainage of pancreatic fluid collection. In most cases, pancreatic fluid is drained using the less invasive method of endoscopic drainage, and depending on the condition, either transpapillary drainage or Endoscopic Ultra-Sound (EUS)-guided transgastrointestinal drainage is used. Recently, attempts have been made to perform EUS-guided pancreatic duct drainage in patients who are unable to access the deep pancreatic duct via the papilla.

Prophylactic pancreatic duct drainage to prevent post-ERCP pancreatitis

A variety of factors are thought to play a role in the aetiology of post-ERCP pancreatitis, but pancreatic juice congestion caused by duodenal papillary edoema is thought to be a major factor. Prophylactic pancreatic duct stenting is one method of preventing this, especially in high-risk populations (including women, patients with a history of post-ERCP pancreatitis, those in whom deep biliary cannulation is difficult, those undergoing multiple pancreatography or sphincterotomy, and patients with papillary dysfunction). The use of pancreatic spontaneous dislodgement stents, which are designed to dislodge spontaneously a few days after placement and are reportedly effective, is one such procedure.

CONCLUSION

Endoscopic treatments for pancreatic disease have primarily focused on EPST and pancreatic duct drainage, but EUS-guided treatment has recently become available, primarily in high-volume centers. Endoscopic treatment is minimally invasive, and future advancements are expected. Endoscopic pancreatic sphincterotomy is a procedure that widens the pancreatic orifice while preserving the major and minor papillae.

Correspondence to: Tom Dashara, Department of Pathology, Beth Israel Deaconess Medical Center, Chelsea, USA, E-mail: dashara_tom@edu

Received: 21-Dec-2022, Manuscript No. PDT-22-22466; **Editor assigned:** 23-Dec-2022, PreQC No. PDT-22-22466 (PQ); **Reviewed:** 06-Jan-2023, QC No. PDT-22-22466; **Revised:** 13-Jan-2023, Manuscript No. PDT-22-22466 (R); **Published:** 20-Jan-2023, DOI: 10.35248/2165-7092.23.13.251.

Citation: Dashara T (2023) A Short Note on Endoscopic Pancreatic Sphincterotomy. Pancreat Disord Ther. 13:251.