

# ENDOSCOPIC TREATMENT IN DIFFICULT TO TREAT PANCRATIC STONES AND STRICTURES

**Rajesh Puri**

M.N.A.M.S, India

**Background:** There is paucity of data about endoscopic pancreatic sphincteroplasty (EPS) after endoscopic pancreatic sphincterotomy (EPST) in the treatment of chronic pancreatitis.

**Aims:** Aim of this study was to establish the indications for endoscopic pancreatic sphincteroplasty, complications related to it and to see its effectiveness in managing chronic pancreatitis after a year of follow-up.

**Methods:** We evaluated the safety and efficacy of the use of pancreatic balloon dilation coupled with sphincterotomy for the treatment of chronic pancreatitis. The technical success rate of balloon dilation, stone clearance, frequency of pancreatic stenting and procedure-related adverse events were recorded.

**Results:** Out of 736 patients who underwent pancreatic endotherapy between July 2014 and December 2016, there were 124 patients who underwent EPS. The mean age was  $36 \pm 12$  years, 75% (n=93) were males. (Table 1) The common indications were removal of large radiolucent stones in 48 patients; unyielding radiopaque stones post extracorporeal shock wave lithotripsy (ESWL) in 28 patients and pancreatic duct stricture combined with stones in 48 patients. EPS could be successfully completed in 96% (n=120) patients. Complete ductal clearance in a single session was achieved in only 36 patients, while 40 patients required two sessions. All cases of strictures required graded dilation with a mean of 2.5 sessions (maximum 4 sessions). In four patients, stricture did not dilate adequately after 4 sessions and underwent surgery. There were fifteen adverse events of pain requiring admission for more than 24 hours and three procedure related bleeding, all of which were managed conservatively. The patients had an average follow-up of 8 months (6-12 months) and all the patients were pain free.

**Conclusions:** Endoscopic pancreatic sphincteroplasty is a relatively safe procedure with a low incidence of complications and a high rate of treatment success.

purirajesh1969@gmail.com