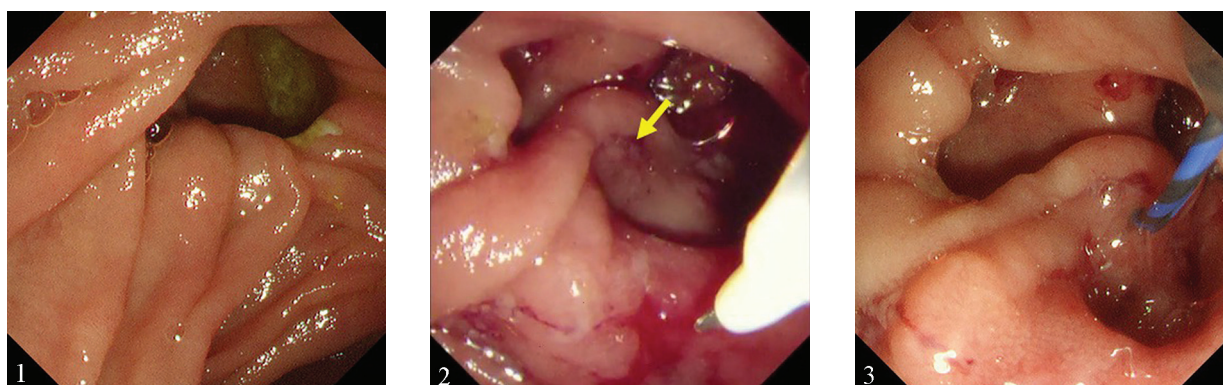


Pancreatic Duct Cannulation for An Intradiverticular Papilla: Lifting Technique

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Pancreatic duct stent deployment is performed for patients with symptomatic chronic pancreatitis to decrease pancreatic duct pressure. If pancreatic duct cannulation is unsuccessful, pre-cut technique, endoscopic ultrasound-guided pancreatic duct drainage, or rendezvous technique may be attempted. However, these methods are technically demanding and have several disadvantages such as risk of bleeding and leakage of pancreatic juice. Intradiverticular papilla is known as a causative factor in failed pancreatic duct cannulation. Various techniques have been reported for obtaining successful pancreatic duct cannulation, including the two-devices-in-one-channel method and cap-assisted cannulation [1-3]. Submucosal saline injection technique may also be useful for eversion and fixing of an intradiverticular papilla [4]. However, because the saline itself has low viscosity, it does not have strong mucosal lifting function. A self-assembling peptide hemostatic gel (PuraLift®, 3D Matrix Europe SAS, Caluire-et-Cuire, France) has recently become available in Japan as an injection material for elevating the mucosa. We herein describe technical tips for the biliary cannulation lifting technique for an intradiverticular papilla, using PuraLift.

A 56-year-old man was admitted to our hospital for treatment of symptomatic chronic pancreatitis. Pancreatic duct stent deployment was attempted. After the duodenoscope was advanced into the duodenum, we attempted to identify the ampulla of Vater; however, a huge diverticulum was observed (Fig 1). Several techniques were attempted, including the two-devices-in-one-channel method, but pancreatic duct cannulation was unsuccessful.

Therefore, we injected PuraLift into the diverticulum, which achieved submucosal lifting with no bleeding observed at the injection site. The ampulla of Vater could be identified after this procedure (Fig 2). Pancreatic duct cannulation was attempted, and performed successfully. Finally, after successful guidewire placement (Fig 3), a pancreatic duct stent was deployed.

In conclusion, this lifting technique may enable pancreatic duct cannulation in the case of intradiverticular papilla.

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