Achievement in Selective Biliary Cannulation of the Intradiverticular Ampulla by a Combined Technique

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Although selective biliary cannulation of the ampulla that located nearby duodenal diverticulum was reported as “not too difficult”(1). However, the ampulla that sits inside the duodenal diverticulum may cause a very difficult biliary access due to the awkward angle of the opening, especially the one that faces laterally or backward. There have been many recommended techniques to encounter this problem. Fogel et al suggested placement of a pancreatic stent to keep the papilla out from the diverticulum(2). However, using this technique alone to access the laterally faced ampullary orifice, the cannulation may still not be successful. The two-devices-in-one-channel method was also recommended but the success can not be ensured in all(3).

We herein report a combination of many techniques to achieve selective biliary cannulation.

A 67-year-old female with a history of possible common duct stones presented for an endoscopic retrogradecholangiopancreatography (ERCP). The duodenoscopic exam discoverd an intradiverticular ampulla with the orifice faced laterally (Figure 1). An attempted biliary cannulation with a regular ERCP catheter and a standard sphincterotome was unsuccessful. To adjust the ampullary orifice to be enfaced with the duodenoscope, 3mL of normal saline was injected at the deeper area of the diverticulum (Figure 2). However, only pancreatic cannulation was possible. Therefore a jagwire (Boston Scientific, Natick, Mass) was...
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left in the pancreatic duct (Figure 3) and then a 5 Fr × 7 cm single pigtail (Wilson-Cook, Winston-Salem, NC) was placed with the proximal tip of the stent left at the genu (Figure 4). Then a wire guided biliary cannulation was performed. This ultimately made a successful selective biliary cannulation without a need for precut sphincterotomy (Figure 5). Subsequently, biliary stones were removed with standard technique (Figure 6).

REFERENCES

