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**Idiopathic Recurrent Pancreatitis (IRP): Long Term Success of Pancreatic Endotherapy.**

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IRP presents a significant diagnostic and therapeutic challenge. An etiologic association can be identified in 60-80% of pts. In a minority of pts no abnormality can be detected despite exhaustive laboratory studies, radiographic (US, CT, MRI, ERCP) studies and history data. Several authors believe that many pts presenting with IRP may have microlithiasis, dysfunction of the biliary and/or pancreatic segment of the sphincter of Oddi, or anatomical variations. Several reports have described pancreatic endotherapy; pancreatic duct stenting and/or sphincterotomy as a primary treatment option for IRP: AIM: To evaluate the long term endoscopic treatment options in IRP; pancreatic duct stenting and/or sphincterotomy. METHODS: Over a 5 year period 106 pts with acute recurrent pancreatitis (ARP) presented for evaluation and treatment. All underwent exhaustive laboratory and radiographic studies followed by ERCP with sphincter of Oddi manometry. Of these pts, 30/106 met the criteria for IRP (11 men/19 women, age 24-81, mean 50.4). Endoscopic treatment was individualized based on physician and patient preference; PD stent alone, sphincterotomy (ES) alone or dual therapy (simultaneous or sequential). Outcome measurement included, 1) episodes of acute pancreatitis (AP) following therapy, 2) # of ER visits or hospitalizations, 3) procedure related complications (AP, bleeding, stent related changes). RESULTS: Thirty pts received a total of 93 stents (3.01 per pt). Size of stents included 7Fr (n=62), 5Fr (n=30), 10Fr (n=1). Twelve of 30 pts underwent endoscopic sphincterotomy; this included Biliary ES (n=4), pancreatic ES (n=4) & dual ES

(n=4). Sphincterotomy was performed after stent therapy in 7pts & before stent therapy in 5 pts. Follow-up was a mean of 8.86 yrs (range 3-19yrs) & was available in only 22 of 30 pts. 11/22 (50%) pts had complete resolution of AP episodes. 8/22 (36%) had improved outcome ( $\geq 50\%$  reduction AP) while 3/22 (13%) had no improvement or worsening symptoms. Complications included post procedure pancreatitis 8/93 (8.5%). No stent induced changes were seen in any of our pts. 20 of 93 stents had distally migrated stents while 21 other stents were occluded at the time of removal. CONCLUSIONS: Pancreatic stent therapy in pts with IRP results in complete resolution or improvement in episodes of AP in the vast majority of pts. The addition of ES may further benefit outcomes. Randomized, controlled studies comparing stent alone vs. ES alone vs. combined therapy will reveal the most successful endoscopic treatment option.

<u>Outcome</u>	<u>PT (n)</u>	<u>% Total</u>
No AP following stents Rx	11	50%
Improved ( $\geq 50\%$ )	8	36%
Worse/No Change AP	3	14%
	22	100%