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Minor Papilla Stenting in Patients with Acute Recurrent Pancreatitis in the Setting of Pancreas Divisum: Efficacy and Long-Term Outcomes.

M F Catalano, M Lee, R Gamarra, N Guda, L Hernandez, J E Geenen

INTRODUCTION:

Pancreas Divisum is the most common congenital abnormality of the pancreas with a prevalence of approximately 6%. The vast majority of these pts remain asymptomatic. A well established subset of these pts present with acute recurrent pancreatitis. Others may simply present with unidentified abdominal pain. Previous reports of endoscopic therapy have shown lack of efficacy in pts presenting with chronic pancreatitis (CP) in the absence of AP or those with abdominal pain alone. These reports have included small numbers with short follow up & retrospective study designs. Pancreatic duct stenting is believed to be effective by some but with concerns for stent induced ductal changes.

AIM:

To determine the long-term outcome in pts presenting with ARP in the setting of pancreas divisum treated primarily with pancreatic duct stenting.

METHODS:

- 78 pts with ARP (27 M, 51 F, mean age 49.3) in the setting of pancreas divisum over a 5yr period were identified.
- These included 52 pts with ARP alone, and 26 pts with ARP/CP.

- Pts were treated with pre-established endoscopic stenting protocol

including:

- 1) 5Fr-7Fr stents
- 2) Sphincter dilation 5-7 Fr
- 3) Three serial stents
- 4) Exchange interval 4-6 wks
- 5) 1cm stent length variation between each stent exchange.

METHODS II:

- Pts lost to F/U, prior pancreatic surgery/endoscopic sphincterotomy, celiac blocks or failed cannulation were excluded from analysis.
- Complete response was defined as no further episodes of ARP, partial response was defined as $\geq 50\%$ improvement in ARP frequency.

GROUP	Pt (n)	OUTCOME- RESPONSE			RESPONDERS (%)		COMPLICATIONS	
		Comp	Part	None	Comp	Comp/Part	AP	Stenosis
AP	52	33	10	9	64%	83%	6	1
AP/CP	26	14	4	8	54%	69%	3	0
Total	78	47	14	17	60%	78%	9	1

RESULTS:

- Complete resolution of episodes of AP was seen in 33/52 (64%) in the AP only group.
- In this group an additional 10/52 (19%) had partial response to stenting.
- Alternatively complete resolution of AP episodes was seen in only 14/26 (54%) in the group with AP/CP.
- In this group an additional 4/26 (15%) had partial response to stenting.
- Complications included episodes of post ERCP AP 9/78 (12%) & only 1 pt with stent induced ductal changes (1.3%).

CONCLUSIONS:

- Endoscopic stenting has moderately high long term success rate in pts presenting with ARP and Pancreas Divisum.
- The rate of success in those with co-existing features of CP is significantly lower.
- Stent induced changes of CP was a rare complication believed to be as a result of short term stenting.