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### Minor Papilla Sphincterotomy in Patients with Acute Recurrent Pancreatitis in the Setting of Pancreas Divisum: Efficacy and Long-term Outcome

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Acute Recurrent Pancreatitis (ARP) can be caused by Pancreas Divisum (PD) in a significant subset of patients. These patients present a diagnostic & therapeutic challenge to the endoscopist. Subsequent development of acute &/or chronic pancreatitis secondary to a relatively stenotic pancreatic orifice has been described. Recently, non-surgical treatment options have been described which includes pancreatic endotherapy (sphincterotomy alone, pancreatic stenting or combination therapy) with varying results. Problems with the current literature include relatively small numbers, heterogeneous populations, short follow up & retrospective study designs. Pancreatic stenting as an alternative Rx option is felt to lead to chronic ductal changes & therefore adversely effects efficacy.

#### AIM:

To determine the long-term outcomes in pts presenting with ARP in the setting of PD treated primarily with minor papilla sphincterotomy.

#### METHODS:

- 31 pts (7 M, 24 W, mean age 45.8) with PD over a 5-yr period were identified presenting with ARP.
- These included 19 pts with ARP alone, & 12 pts with ARP/CP.
- Pts were treated with pre-established endoscopic sphincterotomy protocol including:
  - 1) monofilament papillotome over 0.021 guidewire using pure cutting current or,
  - 2) needle knife sphincterotomy over 5-7Fr pancreatic duct stent,
  - 3) Modified stent to prevent post ERCP pancreatitis.

## METHODS II:

- Pts lost to f/u, prior pancreatic surgery, prior endoscopic stenting, and celiac plexus blocks or failed cannulation were excluded from analysis.
- Complete response was defined as no further episodes of ARP, partial response was defined as >50% reduction in frequency of AP.

GROUP	Pt (n)	OUTCOME- RESPONSE			RESPONDERS (%)		COMPLICATIONS	
		Comp	Part	None	Comp	Comp/Part	AP	Stenosis
AP	19	15	2	2	79%	90%	2	2
AP/CP	12	7	1	4	58%	67%	1	1
Total	31	22	3	6	71%	81%	3	3

## RESULTS:

- Complete resolution of episodes of AP was seen in 15/19 (79%) in the AP only group.
- An additional 2/19 (11%) had partial response to minor papilla sphincterotomy.
- Alternatively in pts presenting with AP/CP, only 7/12 (58%) had complete resolution of AP episodes.
- In this group an additional 1/12 (9%) had partial response to sphincterotomy.
- Complications included 3/31 (9.7%) with post ERCP AP & 3/31 (9.7%) with papillary stenosis.

## CONCLUSIONS:

- Endoscopic minor papilla sphincterotomy has a high long-term success rate in pts presenting with ARP in the setting of pancreas divisum.
- The rate of success in pts with co-existing CP is significantly lower.
- The high rate of papillary stenosis at follow-up is a potential concern that may require further prospective investigation.