

# Management of patients with pancreas divisum requiring endoscopic treatment

## A single centre experience

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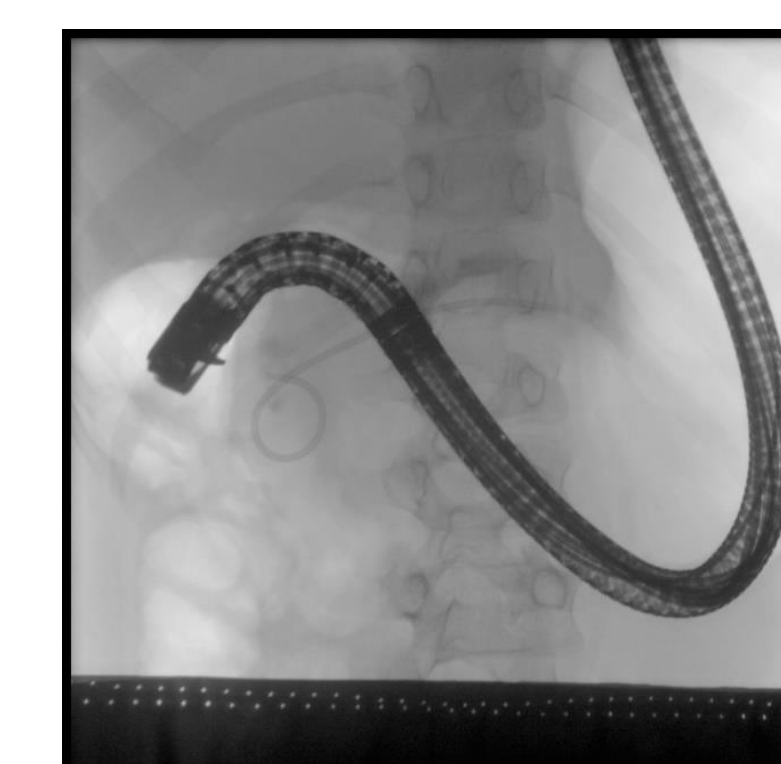
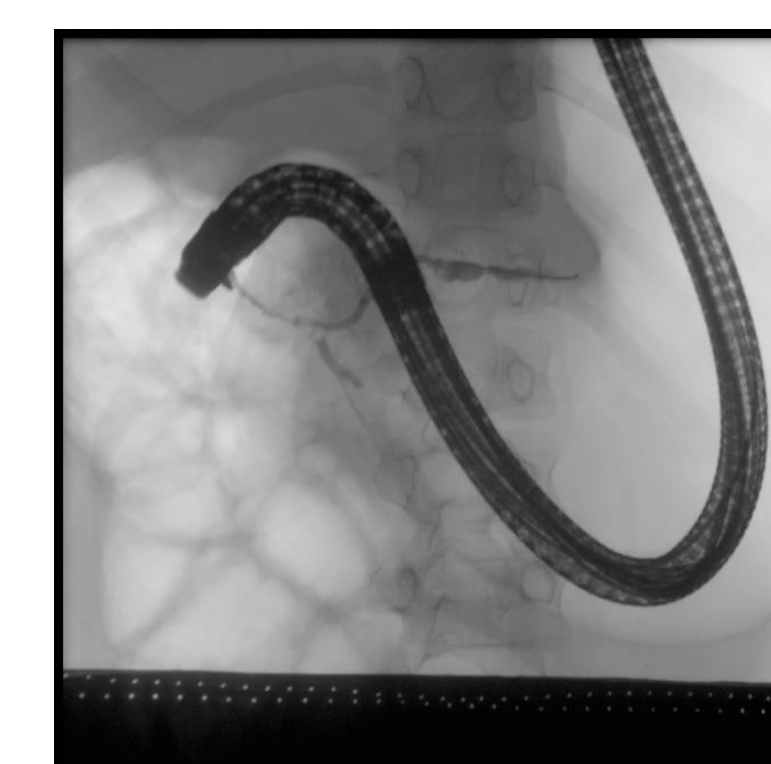
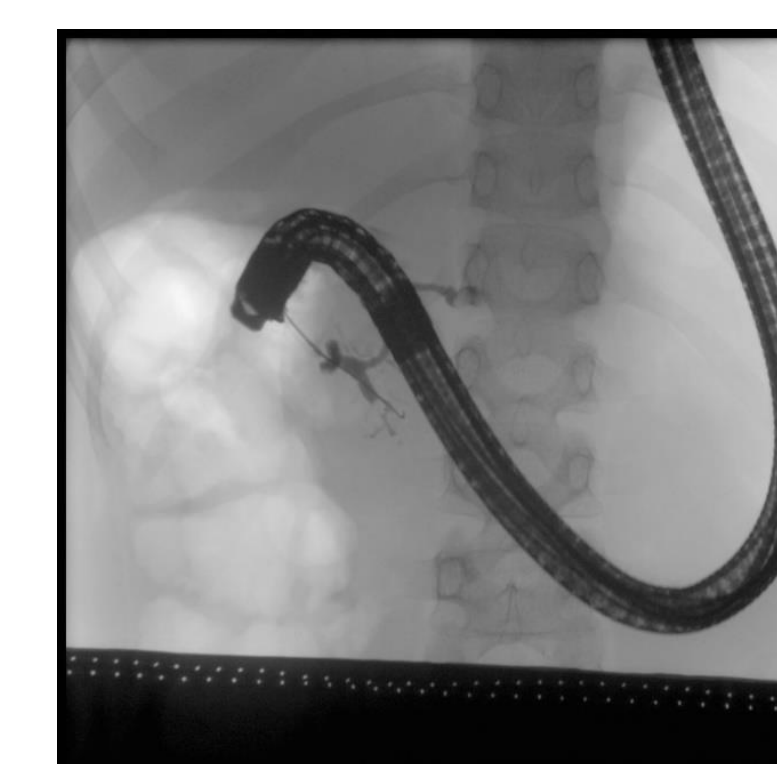
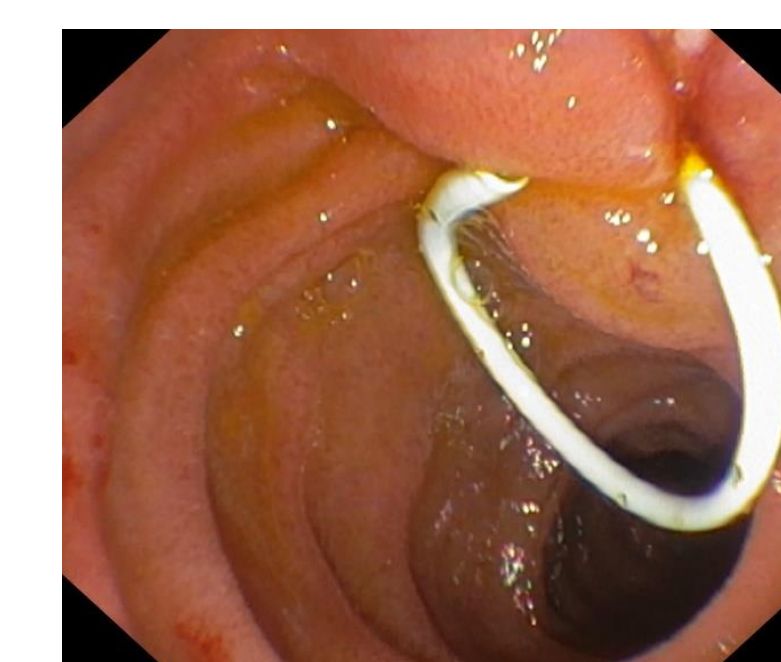
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## INTRODUCTION

Pancreas divisum (PD) is the most common congenital pancreatic ductal variant and can be present in approximately 10% of the population. It can be associated with pancreatobiliary-type pain and recurrent acute pancreatitis (AP), which may present as an indication for endoscopic treatment by endoscopic retrograde cholangiopancreatography (ERCP), sphincterotomy (EST) and/or pancreatic duct stenting. We aim to demonstrate our experience in the management of symptomatic patients with PD.

Baseline characteristics	
Number of patients	5
Age (year, $\pm$ SD)	22,4 $\pm$ 17,1
Sex (male/female)	4/1
Indication (n)	
Recurring acute pancreatitis	5
Pseudocyst	1
Disrupted duct syndrome	2
Divisum known before	4
Follow-up time (months, $\pm$ SD)	77 $\pm$ 33,9

Procedural outcomes (n)	
Successful cannulation of the minor papilla	4/5
Need for precut	4/5
EST of the minor papilla	4/5
Dilation of the pancreatic duct	3/5
Pancreatic stenting	4/5
Periprocedural complications	
Post-ERCP pancreatitis	1/5 (mild)
EST related bleeding	1/5 (self limiting)
Type of PD	
Complete	2/5
Incomplete	3/5
Postprocedural complications	2/5
Acute pancreatitis	2/5 (mild)
Stent dislocation	1/4 (caused mild AP)



## DISCUSSION

Though limited by low number of patients, our study demonstrates clinically significant domestic experience in the endoscopic treatment of patients with PD during a half-year period. Our results show good technical and clinical success rates with low adverse event rates. Nevertheless, performing ERCP in patients with PD should always be based on careful individual evaluation of clinical presentation due to potentially high risk of complications.