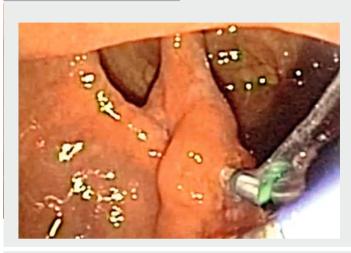
How to facilitate cannulation of an intradiverticular papilla: a technique with two devices in one channel using pediatric forceps



▶ Fig. 1 Endoscopic view showing the two devices coming out of the operating channel immediately after cannulation and bile duct catheterization.



The procedures were performed with a duodenoscope (Olympus TJF 160; oper-





▶ Video 1 Video showing three patients with intradiverticular papillae who underwent cannulation for endoscopic retrograde cholangiopancreatography using the two devices simultaneously inserted in one channel.

ating channel 4.2 mm). The devices used were a sphincterotome (Cotton Cannulatome II; Cook Medical, USA) loaded with a 0.035-inch quidewire (JagWire; Boston Scientific, USA) and pediatric biopsy forceps (Captura 1.8 mm; Cook Medical), which were simultaneously introduced into the operating channel. The papilla was grasped at its base and pulled back towards the tip of the sphincterotome, which was advanced to catheterize the bile duct with the wire (▶ Fig. 1). The procedure was successful in less than 10 minutes without the need for a precut in all of the patients. The findings were biliary stones in six patients, undetermined stricture in two patients, and pancreatic cancer in one patient. No adverse events occurred.

In conclusion, this approach using pediatric forceps simultaneously introduced with the sphincterotome to fix the papilla and facilitate cannulation is very useful, safe, and effective in patients with a

periampullary diverticulum and difficult access to the orifice, helping to avoid the need for a challenging precut.

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Competing interests

None

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