

Common bile duct cannulation in the left lateral position during ERCP

Sir,

We read with interest the recent study by Park *et al.* on the efficacy and safety of the left lateral position for endoscopic retrograde cholangiopancreatography (ERCP).^[1]

It is well known that ERCP is usually performed with the patient in a prone or supine position. In this manner, a better view of the biliary and pancreatic radiological anatomy is displayed during fluoroscopy. The common bile duct (CBD) is on the left whereas the main pancreatic duct (MPD) is on the right part of the screen [Figure 1]. However, when the patient is in the left lateral decubitus both ducts can overlap or even be in a reverse position (MPD left, CBD right), which can be confusing for biliary guide wire (GW) cannulation. The left lateral position is sometimes chosen in patients with respiratory problems or to allow an easier progress of the duodenoscope to the duodenum.

As Park *et al.*^[1] stated the rates of unintentional MPD cannulation and the acquisition of pancreatograms in the left lateral group were significantly greater than in ERCPs performed in the prone position.

We found an easier CBD cannulation when a plastic pancreatic stent (PS) with radiological marker is inserted

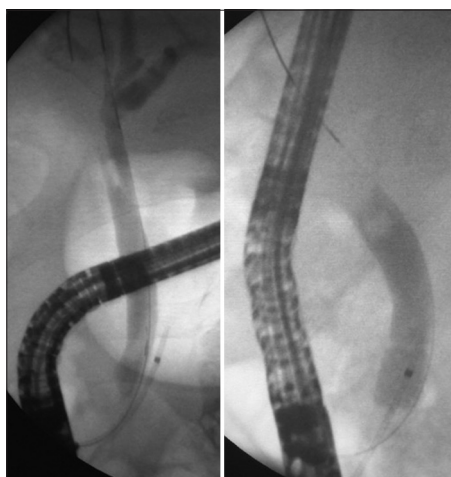


Figure 1: Pancreatic stent with radiological marker in the main pancreatic duct. Left, biliary and pancreatic ducts are apart when the patient is in the supine or prone position. Right, biliary and pancreatic ducts overlap in the left lateral position

when the GW enters first in the MPD during CBD cannulation attempts in patients placed in the left lateral position. CBD cannulation is attempted with a sphincterotome loaded with a short GW controlled by the endoscopist. After unintentional GW passage into the MPD, a straight Advanix PS (Boston Scientific, Natick, Massachusetts, USA) 5 F in diameter and 4 cm long without internal flaps is inserted. This PS has a proximal radiopaque marker that facilitates recognition of the pancreatic position. After PS placement new attempts are made with the same sphincterotome loaded with the GW over the PS to achieve CBD cannulation. PSs are left in place at the end of ERCP to prevent pancreatitis. Spontaneous PSs expulsion is expected due to lack of internal flaps.

We have been performing this approach for CBD cannulation for several years,^[2,3] taking advantage of the GW unintentional passage to the MPD. This technique appears to be more useful in patients placed in the left lateral position due to the increased rates of unintended MPD cannulation, as Park *et al.*^[1] showed in this paper.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Jesús García-Cano

Department of Digestive Diseases, Hospital Virgen de la Luz,
Cuenca, Spain

Address for correspondence: Dr. Jesús García-Cano,
Department of Digestive Diseases,
Hospital Virgen de la Luz, Cuenca, Spain.
E-mail: jgcl7@live.com

REFERENCES

1. Park TY, Choi SH, Yang YJ, Shin SP, Bang CS, Suk KT, *et al.* The efficacy and safety of the left lateral position for endoscopic retrograde cholangiopancreatography. *Saudi J Gastroenterol* 2017;23:296-302.
2. García-Cano J, Taberna-Arana L. A Prospective assessment of pancreatic techniques used to achieve common bile duct cannulation in ERCP. *Gastrointest Endosc* 2012;75:AB389.

- García-Cano J, Godoy-López MA, Taberna-Arana L. Common bile duct access in ERCP over a new plastic pancreatic stent after unintentional pancreatic guidewire cannulation. *Gastrointest Endosc* 2016;83:AB455-6.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website: www.saudijgastro.com
	DOI: 10.4103/sjg.SJG_456_17

How to cite this article: García-Cano J. Common bile duct cannulation in the left lateral position during ERCP. *Saudi J Gastroenterol* 2018;24:67-8.

© 2018 Saudi Journal of Gastroenterology | Published by Wolters Kluwer - Medknow