

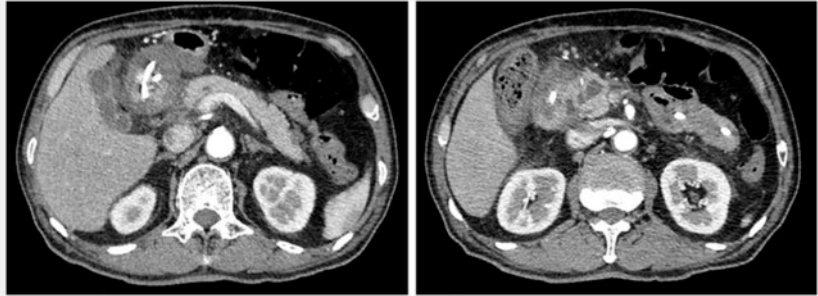
Rendezvous-assisted endoscopic retrograde pancreatography in groove pancreatitis with a nondilated pancreatic duct

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A 66-year-old man with a history of alcoholism was referred to our center due to recurrent pancreatitis. Previous surgical exploration with biopsies demonstrated the benign nature of a pancreatic head mass. Enhanced computed tomography (CT) and magnetic resonance cholangiopancreatography (MRCP) revealed a thickened descending duodenum, inflammation in the groove area, and cyst-solid lesion in the pancreatic head, suggesting groove pancreatitis (► Fig. 1).

An attempt to place a pancreatic duct stent through endoscopic retrograde pancreatography (ERP) failed due to severe pancreatic duct stricture in the head. Both the guidewire and injection contrast with pressure could not reach the upstream duct, repeatedly passing from the major to minor papilla (► Fig. 2). Then rendezvous-assisted ERP (RV-ERP) was planned. Endoscopic ultrasound (EUS) revealed a non-dilated pancreatic duct (2.6 mm) in the body. A 19-G needle was used to puncture the main duct through the stomach, and the contrast injection confirmed the pancreatic duct stricture (► Fig. 3). After several attempts, the guidewire was finally advanced into the duodenum (► Fig. 4). Then the echoendoscope was exchanged for a duodenoscope, and the guidewire was retrieved with a snare. A sphincterotome was inserted over the rendezvous guidewire for dilation and sphincterotomy. Finally, a 7-Fr × 9-cm pancreatic plastic stent (Zimmon; Cook, Limerick, Ireland) was successfully placed for ductal dilation and decompression (► Video 1, ► Fig. 5).

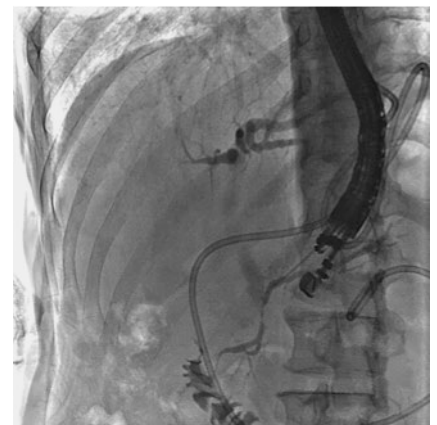
Groove pancreatitis is a rare form of chronic pancreatitis that affects the paraduodenal area [1]. Currently, its treatment strategy remains controversial, and endoscopic treatment is often indicated for patients with chronic pain not responding to conservative treatment [2]. When conventional ERP fails, RV-ERP could be an effective alternative



► Fig. 1 Abdominal contrast-enhanced computed tomography revealed edema and thickening of the duodenal wall, fluid accumulation in the groove area, and enlargement of the pancreatic head with a pseudocyst.



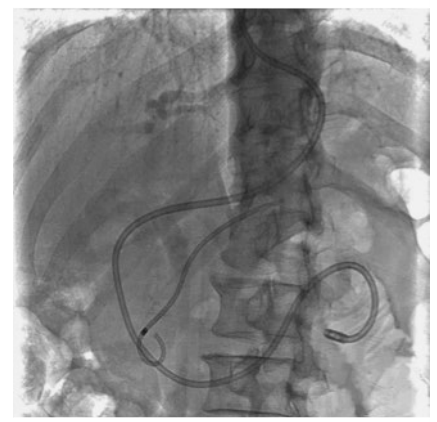
► Fig. 2 The guidewire passed from the major papilla to minor papilla.



► Fig. 3 The puncture needle penetrated the pancreatic duct.



► Fig. 4 The guidewire passed from the main pancreatic duct into the duodenum.



► Fig. 5 Successful placement of a stent.



Video 1 Rendezvous-assisted endoscopic retrograde pancreatography in groove pancreatitis with a nondilated pancreatic duct.

method [3]. In our case, RV-ERP is also feasible even for patients with non-dilated pancreatic ducts. To our best knowledge, this is also the first case of RV-ERP for the treatment of groove pancreatitis.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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References

- [1] Patel BN, Jeffrey RB, Olcott EW et al. Groove pancreatitis: a clinical and imaging overview. *Abdom Radiol (NY)* 2020; 45: 1439–1446
- [2] Ukegijini K, Steffen T, Tarantino I et al. Systematic review on groove pancreatitis: management of a rare disease. *BJS Open* 2023; 7: zrad094. doi:10.1093/bjsopen/zrad094
- [3] Ergun M, Aouattah T, Gillain C et al. Endoscopic ultrasound-guided transluminal drainage of pancreatic duct obstruction: long-term outcome. *Endoscopy* 2011; 43: 518–525. doi:10.1055/s-0030-1256333

Bibliography

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