Endoscopic retrograde cholangiopancreatography

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This technique is now used only as a therapeutic modality in patients with obstructive jaundice; USG and MRCP have taken over the diagnostic aspect. Using a side-viewing endoscope the ampulla of Vater is identified and cannulated. Injection of water-soluble contrast into the bile duct provides excellent images of the ductal anatomy (Figure 71.13) and can identify causes of obstruction such as calculi (Figure 71.14) and malig nant strictures (Figure 71.15). Bile aspirates can be obtained and sent for cytological and microbiological examination and brushings can be taken from strictures for cytology . T herapeu tic interventions such as stone removal or stent placement to relieve obstruction can be performed simultaneously . Cholangioscopy is a relatively new technique in which a thin scope is inserted through the channel of an ER CP scope to visually inspect the bile duct. The main indications include indeterminate or unexplained biliary strictures , nodules or masses and crushing di ffi cult-to-remove bile duct stones with lithotripsy . - -

Figure 71.13 Endoscopic retrograde cholangiopancreatography: normal cholangiogram.

Figure 71.14 Endoscopic retrograde cholangiopancreatography: common duct obstruction due to stone (courtesy Dr Amit Maydeo, Mumbai, India). Figure 71.15 Endoscopic retrograde cholangiopancreatography: partial occlusion of bile duct by malignant stricture (arrow).

Figure 71.16 Transhepatic cholangiogram showing stricture of com mon hepatic duct (courtesy of Ms Phyllis George, FRCS, London, UK).

Revision #1
Created 2025-12-31 15:26:41 UTC by Omar Ayman
Updated 2025-12-31 15:26:41 UTC by Omar Ayman