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Short Communication

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Use of Pancreatic Stenting along with Indomethacin to Reduce Post-ERCP Pancreatitis

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Acute pancreatitis is one of the most common complications of ERCP leading to hospitalization post-procedure. As such, emphasis has been on finding an effective strategy to mitigate this issue. Pharmaco-prophylaxis with Indomethacin suppository post-procedure is the standard. However, pancreatic stenting has also shown promise. We aim to evaluate noteworthy evidence-based data that supports this intervention.

A multicenter, prospective, randomized controlled trial was conducted at four European centers. 167 patients undergoing ERCP for the first time were enrolled this trial. If pancreatic duct was inadvertently cannulated, those patients were randomly assigned to receive a 5 french pancreatic duct stent or no routine prophylactic intervention for post-ERCP pancreatitis. Results showed that prophylactic pancreatic stent placement reduced the rate of post-ERCP pancreatitis during first time ERCP [1].

In a randomized, prospective, non-inferiority trial, patients identified to be at risk of post-ERCP pancreatitis were randomly assigned to receive indomethacin alone or a combination of indomethacin and prophylactic pancreatic duct stent placement [2]. The study was conducted from September 2015 to January 2023 enrolling 1950 patients. Results showed that using indomethacin alone was inferior to combination of indomethacin with pancreatic duct stent placement. Additionally, there was no difference in the safety outcomes between the two groups. Therefore, it was concluded based on these results that indomethacin alone was not sufficient to prevent post ERCP pancreatitis.

While await further large, prospective trials, it is prudent to at least consider pancreatic stent placement when the pancreatic duct is inadvertently cannulated. Future of preventing post ERCP pancreatitis will drastically change with the introduction of this simple, safe and effective intervention.

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