

Endoscopy I

PWE-001

RETROPERITONEAL AIR AFTER ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH SPHINCTEROTOMY: FREQUENCY AND CLINICAL SIGNIFICANCE

doi:10.1136/gut.2011.239301.264

M A Anselmi,^{1,*} J G Acosta,¹ C Flores,¹ J Schwanner,² A M Gemmato¹ ¹*Surgery, University of Concepcion, Concepcion, Chile;* ²*Radiology, University of Concepcion, Concepcion, Chile*

Introduction After successful medical management of a patient with a clinical picture suggestive of post sphincterotomy duodenal perforation, and in which the Computed Axial Tomography (CT) scan of the abdomen revealed the presence of subcutaneous emphysema and retroperitoneal air, there was concern about the frequency of post ERCP with sphincterotomy pneumoretroperitoneum and if any procedure dependent factors were associated with this problem.

Aim To assess the frequency and clinical significance of retroperitoneal air after endoscopic retrograde cholangiopancreatography with sphincterotomy.

Methods Fifty consecutive patients, who had undergone ERCP with sphincterotomy, were submitted to abdominal CT examinations within 24 h after completion of the procedure. One patient with a large precut but a failed ERCP was also included. The ERCP findings were unknown to the radiologist.

Results Seven (14%) of 50 patients showed CT findings of retroperitoneal air. All of them had uneventful postprocedural recovery. No clinical or laboratory abnormality was found in this group of patients. The presence of retroperitoneal air was not associated to the variables: precut, biliopancreatic disease type, endoscopic sphincterotomy length, additional endoscopic procedure (balloon exploration, gallstone extraction, stent insertion) or procedure duration.

Conclusion After endoscopic retrograde cholangiopancreatography with sphincterotomy, retroperitoneal air is frequently found. In absence of physical symptoms, retroperitoneal air is not clinically relevant and does not require specific treatment.

Competing interests None.

Keywords endoscopic sphincterotomy, duodenal perforation, retropneumoperitoneo.