

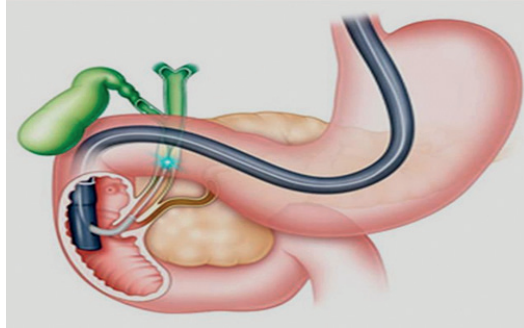
16. BÖLÜM

ENDOSKOPIK RETROGRAD KOLANJİYOPANKREATOGRAFI

Ramazan TOPCU¹

Giriş

Günümüzde ERCP, safra yolları ve pankreas hastalıklarının tanısında ve özellikle tedavisinde önemli yeri olan bir yöntemdir (Şekil 1). Endoskopik yolla papilla Vaterinin kanülasyonu ile ilgili ilk yayın, 1968 yılında McCune ve arkadaşları tarafından yapılmıştır (1,2) Klinik uygulaması 1970 yılı başlarında Japonya'da Oi ve arkadaşları, Avrupa'da Demling ve Classen (1970), Cotton ve arkadaşları (1972) ve Kuzey Amerika'da Vennes ve Silvis (1972) tarafından başlatılmıştır (3-6). Ülkemizde ERCP, ilk olarak Ankara Üniversitesi Tıp Fakültesinde yapılmış ve ilk yayın 1977 yılında Ertan tarafından yapılmıştır (7).



Şekil 1: ERCP

¹ Dr.Öğr.Üyesi ,Hitit Üniversitesi Tıp Fakültesi Genel Cerrahi ABD, topcur@gmail.com

Yaygın olmayan komplikasyonlar - Çeşitli yaygın olmayan komplikasyonlar bildirilmiştir. Bunlar arasında safra taşı ileus, kolon perforasyonu, karaciğer apsesi, dalak, hepatik veya vasküler travma, pnömotoraks, gaz embolisi, geri alma sepetlerinin sıkışması, biliyer ve pankreas stentleri ile ilgili komplikasyonlar, biloma ve diğerleri bulunur.

Sonuç olarak ERCP, kabul görmüş endikasyonlar için, eğitilmiş endoskopistler tarafından standart teknikler kullanılarak ve prosedürden önce ve sonra bilgilendirilmiş onam ve iletişim ile yapılan minimal invaziv endoskopik işlemdir. Komplikasyonlar erken fark edilmeli ve yönetilmeli, aile ve hasta ile açık iletişim olmalıdır. Pankreatit, ERCP ile ilgili en yaygın komplikasyondur ve diğerleri kanama, enfeksiyon ve perforasyonu içermektedir.

KAYNAKÇA

1. McCune WS, Shorb EB, Moscovitz H. Endoscopic cannulation of the ampulla of Vater: A preliminary report. *Ann Surg* 1968;167:752–6.
2. Cotton PB. Outcomes of endoscopic procedures: struggling towards definitions. *Gastrointest Endosc* 1994;40:514–18.
3. Oi. Fiberoendoscopy and endoscopic pancreaticholangiography. *Gastrointest Endosc* 1970;17:59–62.
4. Demling L, et al. Duodenojejunoscopy. *Endoscopy* 1970;02(2):115–7.
5. Cotton PB. Cannulation of papilla of vater by endoscopy and retrograde cholangiopancreatography. *Gut* 1972;13:1014–25.
6. Vennes JA, Silvis SE. Endoscopic visualisation of bile and pancreatic ducts. *Gastrointest Endosc* 1972;18:149–52.
7. Ertan A. Endoscopic retrograde cholangiopancreatography. *Bulletin GATA* 1977;19:383–9.
8. ASGE Standards of Practice Committee, Chandrasekhara V, et al. Adverse events associated with ERCP. *Gastrointest Endosc* 2017; 85:32.
9. Chutkan RK, Ahmad AS, Cohen J, et al. ERCP core curriculum. *Gastrointest Endosc* 2006; 63:361.
10. ASGE Training Committee, Jorgensen J, Kubiliun N, et al. ERCP: core curriculum. *Gastrointest Endosc* 2016; 83:279.
11. ASGE guideline: the role of ERCP in diseases of the biliary tract and the pancreas. *Gastrointest Endosc* 2005;62:1–8.
12. Baillie J. Indications for and contraindications to ERCP. ERCP 2nd ed. Elsevier Inc.; 2013. p.51–7.
13. Gastrointestinal sistem endoskopi kitabı, Türk cerrahi derneği, 2016, s:468
14. Perez MM, Serna C, Diez RP, Vila JJ. Endosonography guided cholangiopancreatography as a salvage drainage procedure for obstructed biliary and pancreatic ducts. *World J Gastrointest Endosc* 2010;2:212–22.
15. Classen M, Tytgat GNJ, Lightdale CJ. Gastroenterological Endoscopy. New York: Thieme Publishing Group; 2010:790.

16. ASGE Standards of Practice Committee, Pasha SF, Acosta R, et al. Routine laboratory testing before endoscopic procedures. *Gastrointest Endosc* 2014; 80:28.
17. Etzkorn KP, et al. ERCP under general anesthesia: indications and results. *Gastrointest Endosc* 1998; 47:363.
18. Raymondos K, Panning B, Bachem I, et al. Evaluation of ERCP under conscious sedation and general anesthesia. *Endoscopy* 2002;34:721–6.
19. Vargo J, et al. Position statement: nonanesthesiologist administration of propofol for GI endoscopy. *Gastrointest Endosc* 2009; 70:1053.
20. Dumonceau JM, Riphaus A, Aparicio JR, et al. European Society of Gastrointestinal Endoscopy, European Society of Gastroenterology and Endoscopy Nurses and Associates, and the European Society of Anaesthesiology Guideline: Non-anesthesiologist administration of propofol for GI endoscopy. *Endoscopy* 2010; 42:960.
21. Leung J. Fundamentals of ERCP. In: Leung J, Peter B. Cotton, editors. ERCP. GastroHep. com; 2003.
22. Cote GA. Sedation in ERCP. In: Baron T, Kozarek RA, Carr-Locke DL, editors. ERCP 2nd ed. Elsevier Inc.; 2013. p.46–50.
23. Park CH, Jung JH, Hyun B, et al. Safety and efficacy of early feeding based on clinical assessment at 4 hours after ERCP: a prospective randomized controlled trial. *Gastrointest Endosc* 2018; 87:1040.
24. Ibiebele I, Schnitzler M, Nippita T, Ford JB. Outcomes of Gallstone Disease during Pregnancy: a Population-based Data Linkage Study. *Paediatr Perinat Epidemiol* 2017; 31:522.
25. Friedel D, Stavropoulos S, et al. Gastrointestinal endoscopy in the pregnant woman. *World J Gastrointest Endosc* 2014; 6:156.
26. Inamdar S, Berzin TM, Sejal DV, et al. Pregnancy is a Risk Factor for Pancreatitis After Endoscopic Retrograde Cholangiopancreatography in a National Cohort Study. *Clin Gastroenterol Hepatol* 2016; 14:107.
27. Kahaleh M, Hartwell GD, Arseneau KO, et al. Safety and efficacy of ERCP in pregnancy. *Gastrointest Endosc* 2004; 60:287.
28. Baillie J, Cairns SR, Putman WS, Cotton PB. Endoscopic management of choledocholithiasis during pregnancy. *Surg Gynecol Obstet* 1990; 171:1.
29. Andrea T, et al. Endoscopic retrograde cholangiopancreatography (ERCP) after Bilroth II reconstruction, Upto Date , Decem.2020
30. Christopher S Huang, ERCP in patients with Roux-en-Y anatomy, Upto Date , Decem.2020
31. Andriulli A, et al. Incidence rates of postERCP complications: a systematic survey of prospective studies. *Am J Gastroent* 2007; 102:1781.
32. Williams EJ, et al. Risk factors for complication following ERCP; results of , prospective multicenter study. *Endoscopy* 2007; 39:793.
33. Wang P, Li ZS, et al. Risk factors for ERCP-related complications: a prospective multicenter study. *Am J Gastroenterol* 2009; 104:31.
34. Pieper-Bigelow C, et al. Where does serum amylase come from and where does it go? *Gastroenterol Clin North Am* 1990; 19:793.
35. Freeman ML, Nelson DB, Sherman S, et al. Complications of endoscopic biliary sphincterotomy. *N Engl J Med* 1996; 335:909.

36. Loperfido S, et al. Major early complications from diagnostic and therapeutic ERCP: a prospective multicenter study. *Endosc* 1998; 48:1.
37. Lin LF, Siau CP, et al. ERCP in post-Billroth II gastrectomy patients: emphasis on technique. *Am J Gastroenterol* 1999; 94:144.
38. Kuran S, et al. Endoscopic sphincterotomy-induced hemorrhage: treatment with heat probe. *Gastrointest Endosc* 2006; 63:506.
39. Nelson DB. Infectious disease complications of GI endoscopy: part II, exogenous infections. *Gastrointest Endosc* 2003; 57:695.
40. Stapfer M, Selby RR, Stain SC, et al. Management of duodenal perforation after ERCP and sphincterotomy. *Ann Surg* 2000; 232:191.
41. Evrard S, et al. Massive gas spread through a duodenal perforation after endoscopic sphincterotomy. *Gastrointest Endosc* 1993; 39:817.
42. Paspatis GA, Arvanitakis M, Dumonceau JM, et al. Diagnosis and management of iatrogenic endoscopic perforations: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement - Update 2020. *Endoscopy* 2020; 52:792.