



## IMAGE OF THE MONTH

## EUS-guided pancreatic rendezvous through minor papilla

### Rendezvous pancreático guiado por ecoendoscopia a través de papila menor

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EUS-guided pancreatic rendez-vous technique is a demanding technique.<sup>1–3</sup> When pancreatic parenchyma is preserved, the use of thinner needles in combination with smaller guidewires may be less aggressive compared with 19-gauge needle (most commonly used) and may facilitate the ductal access technique.<sup>4,5</sup>

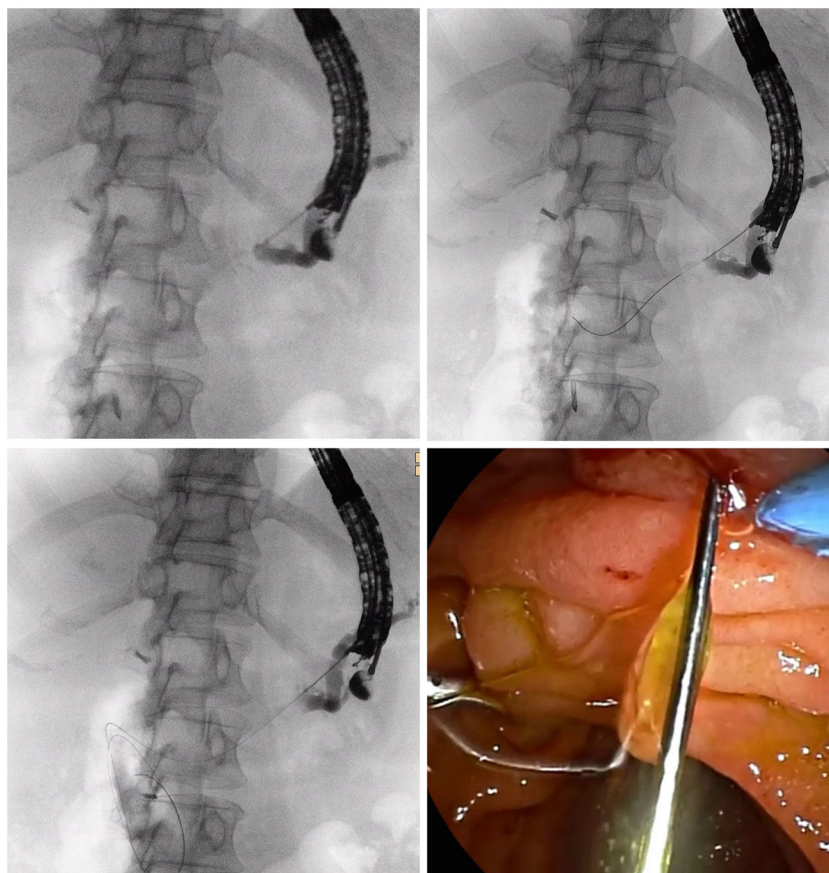
A 56-year-old woman with recurrent acute pancreatitis since 2009 secondary to pancreas divisum and pancreatic stricture. After a failed transpapillary attempt via ERCP, a same-session EUS-guided pancreatic drainage was decided. At EUS exam, in the medial region of the body was identified a hyperechoic nodular image compatible with calcification behaving a dilated main pancreatic duct. Likewise, the duct lead in the minor papilla compatible with the pancreas divisum (type II). EUS-guided

transgastric puncture with a thinner needle (22-gauge) up to the main pancreatic duct (PD) was performed through the pancreatic parenchyma with the purpose of reducing pancreatic injury. A 0.018-in. guidewire was advanced anterogradely within the needle. Immediately, exchange by duodenoscope was done, and the guidewire was identified emerging through the minor papilla. Retrograde pancreatic cannulation was achieved, and minor papillotomy with sequential dilation of pancreatic stenosis with a 4-mm balloon was performed. Finally, a retrograde straight plastic stent (7 Fr × 9 cm, Advanix™ PancreaticStent) was delivered. The patient remains asymptomatic 10 months after the procedure (Fig. 1).

All authors have read and agreed on the content of this manuscript.

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**Figure 1** Pancreatography via EUS-guided transgastric puncture of pancreatic duct using 22-G needle. Anterograde advancement of a 0.018-in. guidewire through the stricture. Anterograde guidewire crossing the minor papilla until the duodenal lumen by fluoroscopy and endoscopy view (metallic clip located at major papilla).

### Author contributions

1. Albert Garcia-Sumalla: acquisition of data, analysis and interpretation of data, editing figures, critical revision of the article, and final approval.
2. Sergio Bazaga, Joan B Gornals: study concept and design, acquisition of data, analysis and interpretation of the data, drafting of the article, editing figures, critical revision of the article, and final approval.

### Conflict of interest

The authors declare no conflict of interest.

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