

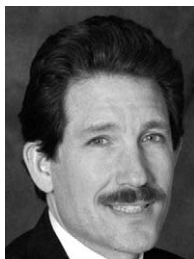


Preface

Therapeutic ERCP: state of the art



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Guest Editors

It is indeed an honor and a privilege for me to serve as co-Guest Editor for this issue of the *Gastrointestinal Endoscopy Clinics of North America*. I would like to thank Dr. Charles Lightdale for giving me this opportunity. I also want to thank my dear friend and colleague, Dr. Douglas Pleskow, for his invaluable help as the co-Guest Editor for this issue.

Endoscopic retrograde cholangiopancreatography (ERCP) has fascinated endoscopists since its very inception. Perhaps it was the increased skill and dexterity required to perform this procedure or the excitement of therapeutic intervention that awakened the “surgical instinct” in many of us. Over the past 10 years there have been gradual improvements in duodenoscopes as well as the development of many new ERCP accessories. These developments have allowed us to explore many new frontiers in both diagnostic and therapeutic ERCP. The coupling of endoscopic ultrasound probes and “miniscopes” with ERCP allow amazing new possibilities for early diagnosis, and more accurately, detection of tumors in the bile duct and pancreas. New tools for intervention enable clinicians to treat pancreatic fluid collections endoscopically. A variety of lithotripsy devices are now able to fragment even the most stubborn biliary and pancreatic stones. Novel expandable stents improve patient palliation with pancreatic and biliary malignancies. Still newer developments of biodegradable stents may hold promise for patients with a variety of benign strictures.

In the past decade there has been a significant increase in our understanding of acute and chronic pancreatitis and sphincter of Oddi dysfunction. This understanding, coupled with the development of new devices, has helped us venture

into the previously uncharted waters of pancreatic therapeutics. In addition, many types of ampullary neoplasms can now be resected endoscopically, rather than by invasive surgery. Recent landmark studies have vastly improved our understanding of complications that arise from ERCP and what can be done to prevent them. There are different pancreatic and biliary problems in different parts of the globe; however, with the widespread dispersion of therapeutic ERCP, many of these problems can now be managed endoscopically.

I am extremely fortunate to have been able to assemble an outstanding group of experts from around the world who are leaders in the field of therapeutic ERCP. I am very grateful to them for their invaluable contributions.

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