AIM: Periampullary diverticulum (PAD) is usually discovered incidentally during endoscopic retrograde cholangiopancreatography (ERCP). It may be a cause of difficult cannulation and can be related with morbidity, according to the size of diverticulum and position of papilla. Papilla may be localised intradiverticular or extradiverticular. In this study, we evaluated complications and success of ERCP in patients with choledocolithiasis and PAD.

MATERIALS AND METHODS: Forty patients in whom performed ERCP with the diagnosis of choledocolithiasis and discovered to be having PAD during the procedure were included in the study. Forty patients without PAD were selected as control group. Both groups were compared in terms of complications, success of cannulation, need for precut sphincterotomy, stent placement and surgery, due to residual stones. Findings were compared in terms of same parameters in diverticulum group according to position of papilla.

RESULTS: There were 21 men and 19 women in PAD group (mean age 72.9±9.9 years) and 20 men and 20 women in control group (mean age 68.1±12 years) (p>0.05). Papilla of Vater was located extradiverticular in 22 patients and intradiverticular in 18 patients. Bleeding and/or perforation associated with ERCP was not observed, in both groups. There were not significant differences between the groups in terms of success of cannulation, need for precut sphincterotomy, stent placement, surgery and post-ERCP pancreatitis (p>0.05). There were not significant differences in terms of same
parameters in diverticulum group according to position of papilla (p>0.05).

CONCLUSION: PAD isn’t associated with an increased risk for complications and does not affect the success of ERCP.