JAMES BAXBAUM: In this case we encounter an 82-year-old woman with recurrent episodes of acute pancreatitis requiring hospitalization. MRCP shows multiple pancreatic duct stones. Initially ERCP fails due to high grade stricture. Therefore we reattempt the case. And you could see that we utilize the Jag Revolution wire. It has a hydrophilic tip, which minimizes injury of side branches.

And then using the knuckling we're able to push through the strictured area. The tight knuckle combined with the hydrophilic properties make this optimize the safety and efficacy of this maneuver. And then we're able to fill the duct, which you see is markedly dilated upstream of large pancreatic duct stones. To treat these very hard stones we then pass a cholangioscope over the wire into the ductal system.

We now see visualization inside the pancreatic duct. And it was really that the sturdy design of this [INAUDIBLE] wire, which really has a core that we're able to perform back pressure and access this with the cholangioscope. And then perform holmium laser lithotripsy, which is then used to fracture the large pancreatic duct stones which have been the culprit blocking the ductral system.

And then again, we utilize the knuckle to re-advance. And we again utilize its sturdy properties to pass pancreatic stints into the system. And since initiation therapy, she's had no further episodes with pancreatitis.