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Abstract

Background and Aim: Extracorporeal shock wave lithotripsy is the first-line therapy for large pancreatic duct stones; however, it requires a long duration of therapy. We aimed to clarify the effect of pancreatic stenting prior to extracorporeal shock wave lithotripsy on shortening the duration of therapy and reducing complications.

Methods: We retrospectively compared 45 patients who underwent pancreatic stenting prior to extracorporeal shock wave lithotripsy (stenting group) and 35 patients who did not undergo stenting prior to extracorporeal shock wave lithotripsy (non-stenting group) with regard to the cumulative number of shock waves required for stone fragmentation (stone size <3 mm) and the rate of complications.

Results: The stenting group was associated with a significantly lower cumulative number of shock waves in univariate analysis (log-rank, $p = 0.046$) and multivariate Cox proportional hazard analysis (hazard ratio, 1.88; 95% confidence interval, 1.13–3.14; $p = 0.015$) than the non-stenting group. The frequency of pancreatitis tends to be lower in the stenting group than the non-stenting group (2.2% [1/45] vs 11.4%[4/35]; $p = 0.162$).

Conclusions: Pancreatic stenting prior to extracorporeal shock wave lithotripsy reduced the cumulative number of shock waves required for pancreatic stone fragmentation, and could be useful to shorten the duration of therapy.