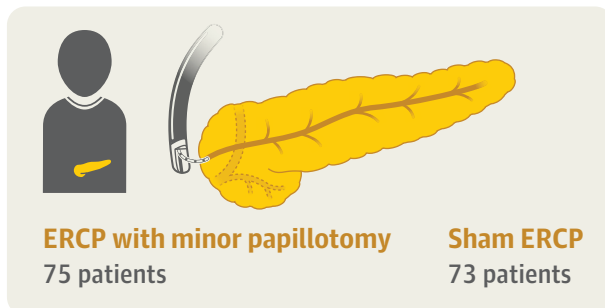


Minor Papillotomy for Treatment of Idiopathic Acute Pancreatitis With Pancreas Divisum

This trial evaluated whether endoscopic retrograde cholangiopancreatography (ERCP) with minor papillotomy reduces the risk of pancreatitis episodes in adults with unexplained acute recurrent pancreatitis and pancreas divisum.

Why Does This Clinical Trial Matter?

Acute recurrent pancreatitis can cause pain, hospitalizations, and long-term problems such as diabetes. Pancreas divisum (a congenital variant of the pancreatic duct) is often suspected as a cause, leading many physicians to perform ERCP with minor papillotomy; however, strong evidence for this practice has been lacking.



Who Was Involved?

- **Participants Analyzed:** 148 Randomized and analyzed
- **Type:** Adults with ≥ 2 episodes of unexplained acute pancreatitis and pancreas divisum
- **Age (mean):** 54 years
- **Race and Ethnicity:** 95.3% non-Hispanic or Latino and 87.2% White
- **Sex:** 68.2% Female; 31.8% male
- **Locations:** 21 Referral centers in the US and Canada
- **Eligibility:** Had ≥ 2 episodes of acute pancreatitis and pancreas divisum; excluded patients with other causes of pancreatitis, chronic calcific pancreatitis, previous papillotomy, or significant opioid or alcohol use

How Was the Trial Done?

- **Trial Type:** Multicenter, sham-controlled, double-blind randomized clinical trial
- **Randomization Details:** Adults randomized 1:1

Interventions

- ERCP with minor papillotomy vs sham ERCP
- **Intervention Details:** ERCP with cannulation and minor papillotomy followed by placement of a prophylactic pancreatic duct stent vs sham ERCP
- **Mode of Delivery:** Endoscopic procedure under anesthesia
- **Outcome Assessment:** >30 days after randomization

What Was Found?

Primary Outcome

- Acute pancreatitis developed in 34.7% (26/75) in ERCP with minor papillotomy group vs 43.8% (32/73) in sham ERCP group (adjusted hazard ratio, 0.83; 95% CI, 0.49-1.41)

Secondary Outcomes

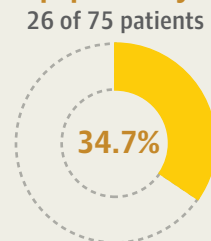
- Rates of chronic calcific pancreatitis, diabetes, and exocrine pancreatic dysfunction were similar between groups

Adverse Events

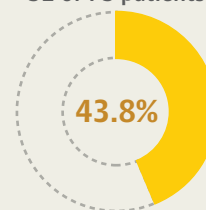
- Acute pancreatitis within 30 days occurred more often in the ERCP with minor papillotomy group (14.7% vs 8.2% in sham ERCP group)

Rate of development of acute pancreatitis

ERCP with minor papillotomy
26 of 75 patients



Sham ERCP
32 of 73 patients



What This Means

In adults with unexplained acute recurrent pancreatitis and pancreas divisum, ERCP with minor papillotomy did not reduce the risk of additional episodes of pancreatitis or protect against longer-term consequences. This finding suggests ERCP with minor papillotomy may not be beneficial.

Limitations and Knowledge Gaps

The trial had a smaller sample size than planned due to funding constraints and lower enrollment during the COVID-19 pandemic. It included mainly White, non-Hispanic participants and did not evaluate outcomes for patients with rare anatomical variants. Further research is needed.

Citation: Coté GA, Durkalski-Mauldin V, Fogel EL, et al; SHARP Consortium. Minor papillotomy for treatment of idiopathic acute pancreatitis with pancreas divisum: a randomized clinical trial. *JAMA*. Published online January 14, 2026. doi:10.1001/jama.2025.23988

Clinical Trial Registration: NCT03609944

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