The pancreatic stone in the patients with chronic pancreatitis sometime were treated by ESWL and endoscopic lithotomy in Japan.

Indications: the pancreatic stone located in the main pancreatic duct and the Santorini’s duct. The patient has the abdominal symptoms (abdominal pain, back pain and acute pancreatitis). However we don’t performed ESWL and endoscopic lithotomy because of no abdominal symptoms, abdominal aneurysm and severe pancreatic atrophy.

Methods: Before treatments, abdominal enhanced CT and MRCP were performed. We checked the size, the location and the number of pancreatic stones. At first step, ERCP and endoscopic pancreatic sphincterotomy (EPST) were performed. Endoscopic lithotomy alone was performed at the stone size under 5 mm. ESWL is performed at first over 6 mm. ESWL was performed two time a week. One ESWL session is 2000~3000 shots. When the stone size became under 5 mm, endoscopic lithotomy was performed.

Pancreatic stone in the MPD are removed completely in about 70 % of the cases. Abdominal symptoms improved in about 90% of the cases. After Lithotomy, some patients have the strictures in MPD. Endoscopic pancreatic stenting (EPS) is performed for the stricture in MPD and it decrease for the recurrence of pancreatic stone.

All cases of chronic pancreatitis should be stopped drinking and smoking