To the Editor,

Although surgeons can distinguish between benign and malignant stricture in the proximal region of the bile duct, resolution in most cases still depends on surgical procedures (1). Severe edema of the hepatoduodenal ligament after endoscopic retrograde cholangiopancreatography (ERCP) traumatic movements, such as endoscopic sphincterotomy (EST) or endoscopic papillary balloon dilation (EPBD) (2), leads to increase in the level of anxiety in surgeons, which would render the resection difficult. Here we present a novel and easier technique of transpapillary bile duct biopsy under fluoroscopy. It can get equal volume of tissue to usual forceps (1.8 mm) and Spyglass (3,4) as well as decreases edema of the hepatoduodenal ligament without destroying major papilla.

A 75-year-old male patient who had undergone cholecystectomy 2 years ago presented with painless jaundice. Magnetic resonance cholangiopancreatography (MRCP) shows a stricture in hilar region which was presumed to be a malignancy. Diagnostic ERCP was consequently implemented after obtaining written informed consent from the patient. Cholangiography revealed a 1-cm long hepatic portal stricture (Figure 1). A 7-Fr dilatation catheter (COOK, Winston-Salem, North Carolina, USA) was inserted into the bile duct and across the stenosis along the guidewire. Withdrawal of the guidewire was followed by insertion of a 1-mm SpyBite™ forceps (Boston Scientific, El Coyol, Alajuela, Costa Rica) through a dilatation catheter. When the tip of SpyBite™ passed the top, the tissue was grasped (Figure 2, 3). Repeat that three times can easily reach the volume of histology. A single plastic stent was temporarily placed after the biopsy.

The patient’s CA19-9 serum level was 144 U/mL, whereas it was >1000 U/mL in the bile juice. Pathological findings revealed a moderately differentiated adenocarcinoma (Figure 4). Radical resection of the hilar cholangiocarcinoma was then suggested.

**Ethics Committee Approval:** The report of this case was approved by the ethical committee of the first hospital of Lanzhou university.

**Informed Consent:** Written informed consent was obtained from the patient before the procedure.

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**Accurate biopsy of bile duct without destroying duodenal papilla**
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Figure 4. Pathological findings revealed a moderately differentiated adenocarcinoma