



SIDDS 2023

Seoul International Digestive Disease Symposium 2023

In Conjunction with the Annual Meeting of the Korean Society of Gastroenterology

April 8-9, 2023 Hybrid congress



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Country	Republic of Korea
Major Field	Endoscopic treatment of pancreato-biliary disease Translational research and development of endoscopy-based device

Educational Background

1992 M.D., Inha University College of Medicine, Incheon, Korea

2011 Ph.D., Inha University Postgraduate School, Incheon, Korea

Professional Experience

2000.5-2002.2 Clinical fellow, Division of Gastroenterology, Department of Internal Medicine, Inha University Hospital, Incheon, Korea

2009.9-2010.8 Visiting scholar, Department of Pharmaceutics and Pharmaceutical Chemistry, University of Utah, Salt Lake City, UT, USA

2013.3-present Professor, Department of Internal Medicine, Inha University School of Medicine, Incheon, Korea

Main Scientific Publications

1. Primary needle-knife sphincterotomy for biliary access in patients at high risk of post-endoscopic retrograde cholangiopancreatography pancreatitis. Park JS, Jeong S, Lee DH. Gastroenterol Res Pract 2021;6662000:1-6.
2. Primary needle-knife fistulotomy versus conventional cannulation method in a high-risk cohort of post-endoscopic retrograde cholangiopancreatography pancreatitis. Jang SI, Kim DU, Cho JH, Jeong S, Park JS, Lee DH, Kwon CI, Koh DH, Park SW, Lee TH, Lee HS. Am J Gastroenterol 2020;115:616-624.
3. Efficacy of a modified double-guidewire technique using an uneven double lumen cannula (uneven method) in patients with surgically altered gastrointestinal anatomy (with video). Takenaka M, Minaga K, Kamata K, Yamao K, Yoshikawa T, Ishikawa R, Okamoto A, Yamazaki T, Nakai A, Omoto S, Komeda Y, Sakurai T, Watanabe T, Nishida N, Chiba Y, Kwon CI, Jeong S, Lee TH, Kudo M. Surg Endosc 2020;34:1432-1441.
4. Clinical outcome of endoscopic retrograde cholangiopancreatography for choledocholithiasis in end-stage renal disease patients on hemodialysis. Park JS, Jeong S, Cho JH, Kwon CI, Jang SI, Lee TH, Han JH, Hwang JC, Lee DH. Turk J Gastroenterol 2020;31:538-546.
5. Balloons larger than 15 mm can increase the risk of adverse events following endoscopic papillary large balloon dilation. Lee GH, Yang MJ, Kim JH, Hwang JC, Yoo BM, Lee DK, Jang SI, Lee TH, Park SH, Park JS, Jeong S, Lee DH. J Gastroenterol Hepatol 2019;34:1450-1453.
6. Effectiveness of a novel highly flexible-tip guidewire on selective biliary cannulation compared to conventional guidewire: Randomized controlled study. Park JS, Jeong S, Lee DH. Dig Endosc 2018;30:245-251.



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7. Comparison of endoscopic papillary large balloon dilation with or without endoscopic sphincterotomy for the treatment of large bile duct stones. Park JS, Jeong S, Lee DK, Jang SI, Lee TH, Park SH, Hwang JC, Kim JH, Yoo BM, Park SG, Lee DH. *Endoscopy* 2019;51:125-132.
8. Endoscopic papillary large balloon dilatation without sphincterotomy for the treatment of large common bile duct stone: long-term outcomes at a single center. Park JS, Jeong S, Bang BW, Kang AR, Lee DH. *Dig Dis Sci* 2016;61:3045-3053.
9. Utility of needle-knife fistulotomy as an initial method of biliary cannulation to prevent post-ERCP pancreatitis in a highly selected at-risk group: a single-arm prospective feasibility study. Jin YJ, Jeong S, Lee DH. *Gastrointest Endosc* 2016;84:808-813.
10. Endoscopic large-balloon sphincteroplasty without preceding sphincterotomy for the removal of large bile duct stones: a preliminary study. Jeong S, Ki SH, Lee DH, Lee JI, Lee JW, Kwon KS, Kim HG, Shin YW, Kim YS. *Gastrointest Endosc* 2009;70:915-922.