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Summary

INTRA-PROCEDURAL PREDICTORS OF POST-ERCP PANCREATITIS AND THE EFFECT OF EARLY PREVENTIVE STRATEGIES: A PROSPECTIVE RISK STRATIFICATION STUDY

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UEG Week Barcelona 2026 Poster

Pancreas

October 18, 2026

A prospective study of 250 ERCP patients identified pancreatic duct cannulation and multiple cannulation attempts as independent predictors of post-ERCP pancreatitis, with early preventive interventions associated with reduced severity.

KEY POINTS

- Post-ERCP pancreatitis occurred in 15 of 250 patients (6%), with 60% female predominance.
- Pancreatic duct cannulation (adjusted OR approximately 3.5–4.0) and multiple cannulation attempts (adjusted OR approximately 2.5–3.0) were independent predictors on multivariable analysis.
- Among the 15 PEP cases, 7 patients received early preventive strategies including rectal NSAIDs, aggressive IV hydration, and/or prophylactic pancreatic duct stenting, and demonstrated less severe clinical course and shorter hospitalization than the 8 patients without intervention.
- Severity distribution was mild in 8 cases (53%), moderate in 4 (27%), and severe in 3 (20%), with no mortality.
- The authors conclude that real-time identification of these procedural risk factors may enable timely preventive interventions to reduce severity and improve outcomes.

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