

DO WE NEED TO RE-EVALUATE THE ROLE OF FINE-NEEDLE ASPIRATION IN INFECTED NECROTIZING PANCREATITIS IN THE POST-POINTER ERA?

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Poster

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In a post-hoc analysis of 618 patients with necrotizing pancreatitis, percutaneous fine needle aspiration was safe and revealed that empirical antibiotics failed to cover cultured pathogens in 18% of cases, primarily due to Enterococcus species.

KEY POINTS

- Among 68 patients who underwent FNA (11% of the cohort), no periprocedural complications such as bleeding or perforation were observed.
- In 4 of 22 patients (18%) who received antimicrobial treatment before percutaneous FNA, non-susceptible pathogens were cultured; 7 of 43 positive cultures (16%) showed resistance to commonly used empiric antibiotic regimens, all due to Enterococcus species.
- EUS-FNA showed a higher positivity rate (82%, 9 of 11) compared to percutaneous FNA (29%, 12 of 44, $p < 0.001$), but all positive EUS-FNA samples were polymicrobial, which the authors suggest may reflect periprocedural contamination.
- The authors conclude that percutaneous FNA is preferred over EUS-FNA for guiding antimicrobial therapy and suggest that routine microbiological diagnostics of percutaneous FNA specimens may prevent treatment failure, though prospective studies are needed.

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