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Summary

A RELIABLE PREDICTION RULE OF POST-ERCP PANCREATITIS IN BILIARY ERCP FOR PATIENTS WITH INTACT PAPILLA

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A multicenter prospective cohort study of 3739 patients developed and validated a scoring system to predict post-ERCP pancreatitis risk in biliary ERCP, identifying eleven factors that stratify patients into low-risk, intermediate-risk, and high-risk groups with PEP incidences of 1.6%, 6.0%, and 17.7%, respectively.

KEY POINTS

- Post-ERCP pancreatitis occurred in 6.9% of 3739 patients enrolled at 36 hospitals in West Japan between April 2017 and March 2018, with 258 cases including 201 mild, 39 moderate, 17 severe, and 1 fatal.
- Eleven factors were identified in multivariable analysis: seven risk factors (age under 50, female sex, cannulation time over 20 minutes, guidewire insertion into pancreatic duct, intraductal ultrasonography, biopsy, and total procedure time over 60 minutes) and four protective factors (ASA 3, cholangitis, hypoamylasemia, and main pancreatic duct obstruction at the pancreatic head).
- The scoring model achieved an AUC of 0.721 with bootstrap-corrected AUC of 0.728, stratifying patients into three risk groups with PEP incidences ranging from 1.6% in low-risk patients to 17.7% in high-risk patients scoring 4 points or higher.
- This material is most relevant for endoscopists performing ERCP who need to estimate individual patient risk and determine the intensity of preventive measures.

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