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Summary

EARLY PHASE MICROBIOME IS ASSOCIATED WITH POST DISCHARGE DIABETES, RECURRENT ACUTE PANCREATITIS AND MORTALITY- RESULTS FROM THE MULTICENTER PROSPECTIVE MAMBA-TRIAL

Albrecht Neesse

UEG Week Berlin 2025 | Presentation

Pancreas

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Early-phase oral and rectal microbiome sampling in acute pancreatitis shows significant associations with post-discharge mortality, diabetes development, and recurrent acute pancreatitis over median 2.7-year follow-up in a 294-patient European cohort.

KEY POINTS

- Buccal microbiome significantly associated with post-discharge mortality (p=0.049) and diabetes development (p=0.021), while rectal microbiome associated with recurrent acute pancreatitis (p=0.011) and diabetes (p=0.016) in samples collected within 72 hours of admission.
- Among 294 patients followed for median 2.7 years, 22.4% developed recurrent acute pancreatitis, 8.5% developed diabetes, and 6.8% died after discharge.
- Microbiome-based classifiers achieved AUROC of approximately 80% for post-discharge mortality and 86% for post-discharge diabetes after controlling for age, BMI, medication, and comorbidities.
- No significant microbiome associations found for chronic pancreatitis, pancreatic exocrine insufficiency, or pancreatic ductal adenocarcinoma development.
- Analysis controlled for confounding factors including alcohol use and smoking, which heavily influence microbial composition and showed independent effects for mortality and diabetes endpoints.

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