

ENDOSCOPIC SPHINCTEROTOMY FOR RECURRENT BILIARY PANCREATITIS IN PATIENTS UNFIT FOR SURGERY

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Poster

Pancreas

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In a retrospective study of 169 elderly patients unfit for cholecystectomy after first acute biliary pancreatitis, endoscopic sphincterotomy reduced recurrent pancreatitis from 32% to 2% but did not affect other biliary complications or mortality.

KEY POINTS

- Among 169 patients (mean age 79 years, mean Charlson Comorbidity Index 5.11) deemed unfit for cholecystectomy, 37% underwent ERCP with endoscopic sphincterotomy during index admission for acute biliary pancreatitis.
- Over a mean 3.8-year follow-up, recurrent biliary pancreatitis occurred in 32% of the no-intervention group versus 2% of the sphincterotomy group ($p < 0.001$, OR 0.035).
- Endoscopic sphincterotomy did not significantly reduce choledocholithiasis, acute cholangitis, or acute cholecystitis (all $p > 0.05$), and overall mortality was similar between groups (27% versus 23%, $p = 0.585$).
- The authors suggest ERCP with sphincterotomy may effectively reduce recurrence of gallstone pancreatitis in elderly high-risk patients and call for further studies to refine patient selection.

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