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Summary

HBP – Friday night gallstones: Acute biliary pancreatitis – go to ERCP or watch and wait?

Arnaud Lemmers

UEG Week Barcelona 2026 | Presentation

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The presentation reviews evidence-based indications for ERCP in acute biliary pancreatitis, concluding that urgent ERCP is indicated only for suspected cholangitis, not for predicted non-severe or severe pancreatitis without cholangitis.

KEY POINTS

- The speaker stated that the Epic trial published in The Lancet showed no difference in mortality or major complications between early ERCP within 24 hours versus conservative management in predicted severe biliary pancreatitis, except in the subgroup with cholangitis where ERCP showed benefit.
- The Apex Two trial found that EUS-guided stratification for ERCP in predicted severe acute biliary pancreatitis without cholangitis showed no difference in the primary composite endpoint at six months compared to conservative management, with the speaker reporting 51% versus 44% event rates.
- A 2012 Cochrane Review meta-analysis of five randomized controlled trials demonstrated no significant difference in mortality, local complications, or systemic complications between early ERCP and conservative management, with benefit only in subgroups with cholangitis or biliary obstruction.
- The speaker stated that approximately 20% of acute biliary pancreatitis patients had stones on systematic screening before cholecystectomy, but 80% of these stones passed spontaneously, particularly those less than 4 millimeters.
- International recommendations published in Pancreatology support selective ERCP and sphincterotomy when common bile duct stones are identified by imaging, but only before cholecystectomy, not urgently.
- The speaker emphasized that cholecystectomy should be performed before discharge in mild acute pancreatitis patients without necrosis or surgical difficulties, citing the Poncho trial.

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