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Summary

The transition from acute to chronic pancreatitis: Can we stop it?

Bálint Erőss

UEG Week Barcelona 2026 | Presentation

Endoscopy | Pancreas

October 18, 2026

The speaker presented evidence that progression from acute pancreatitis to chronic pancreatitis can be stopped, with the second recurrent episode representing the critical window for intervention through aetiology management and lifestyle modification.

KEY POINTS

- The speaker's meta-analysis found that hypertriglyceridaemia-induced pancreatitis carries the highest risk of progression, with 82 per 1000 patients developing chronic pancreatitis within one year as stated by the speaker
- A study combining clinical data and mouse models indicated that after the third episode of acute pancreatitis, the likelihood of chronic pancreatitis progression increases from 16% to 50% as reported by the speaker
- The speaker identified the second recurrent episode as the optimal time to intervene to prevent progression to chronic pancreatitis
- In a longitudinal prospective cohort study, the speaker reported that 40% of patients developed recurrent acute pancreatitis or early chronic pancreatitis, with 20% having established chronic pancreatitis after four years
- The speaker stated that alcohol and smoking show dose-dependent effects on chronic pancreatitis risk, with combined use conferring a 14% risk of progression
- An RCT comparing standard care to a psychologist-led cessation program enrolled only 57 patients over three years, with most abandoning the intervention, highlighting challenges in engaging patients who drink and smoke

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