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Summary

PREVENTION OF ACUTE PANCREATITIS RELATED ORGAN FAILURE WITH EARLY USE OF CELECOXIB -- AN INVESTIGATOR-INITIATED, PROSPECTIVE, MULTI-CENTER, DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED CLINICAL TRIAL

Chengwei Tang

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Early celecoxib (200mg twice daily for 7 days) significantly reduced organ failure occurrence from 35.9% to 16.9% (p<0.001) and SAP incidence from 18.3% to 5.9% (p=0.002) in predicted non-mild acute pancreatitis patients without baseline organ failure.

KEY POINTS

- Prospective, double-blind, placebo-controlled trial in 20 Chinese hospitals randomized 278 predicted non-mild AP patients (symptom onset ≤48 hours, no organ failure, SIRS ≥2 or modified HAPS ≥2) to celecoxib 200mg twice daily for 7 days versus placebo.
- Primary outcome of organ failure occurrence was 16.9% with celecoxib versus 35.9% with placebo (p<0.001).
- SAP incidence was significantly lower with celecoxib (5.9% vs 18.3%, p=0.002).
- Duration of organ failure was shorter with preventive celecoxib than therapeutic use after placebo failure: median 1.0 days [IQR 1.0-2.4] versus 1.8 days [1.0-3.0] (p=0.038).
- Subgroup analysis showed higher prevention success rate when celecoxib was started ≤24 hours versus >24 hours from symptom onset.
- Adverse event incidence was similar between groups with no serious adverse events observed during hospitalization.

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