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Summary

ASSOCIATION BETWEEN EARLY ERCP AND CLINICAL OUTCOMES IN PATIENTS WITH ACUTE CHOLANGITIS – A SINGLE CENTER STUDY

D. Nageshwar Reddy

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A single-center retrospective study of 301 acute cholangitis patients found that ERCP within 48 hours was associated with significantly shorter hospital stay compared to ERCP after 48 hours, while mortality, reintervention rates, and readmissions were similar between groups.

KEY POINTS

- In 301 patients with acute cholangitis, 217 underwent ERCP within 48 hours and 84 after 48 hours of admission.
- Length of hospital stay during first admission was significantly shorter with ERCP within 48 hours compared to beyond 48 hours (9.48 ± 6.50 versus 12.86 ± 7.25 days; p 0.0001).
- Overall mortality (6.45% vs 7.14%, p 0.83), need for reinterventions (46.1% vs 54.8%, p 0.53), and readmissions (62.2% vs 58.33%, p 0.18) showed no statistically significant differences between timing groups.
- The authors note that a randomized controlled study is needed to confirm these findings from this retrospective single-center analysis.

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