

HOW USEFUL ARE THE ESGE AND ASGE GUIDELINES FOR ESTIMATING COMMON BILE DUCT STONES IN ACUTE BILIARY PANCREATITIS PATIENTS?

Erkan Parlak

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Poster

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A retrospective study of 1538 biliary pancreatitis patients found that ASGE and ESGE high-probability criteria effectively predict choledocholithiasis, with enhanced specificity when combining specific laboratory and imaging findings.

KEY POINTS

- ESGE criteria showed 97.5% specificity and 83.9% positive predictive value for choledocholithiasis, slightly outperforming ASGE criteria (96% specificity, 79.5% PPV).
- Adding total bilirubin greater than 4 mg/dl and choledochal dilatation on ultrasound to ASGE criteria increased specificity above 99% with the highest positive likelihood ratio of 22.26.
- Combining abnormal liver function tests with choledochal dilatation in moderate-probability criteria doubled specificity to 98.6% for ASGE and 95.4% for ESGE.
- High-probability ASGE and ESGE criteria are helpful for selecting appropriate biliary pancreatitis patients for elective ERCP, particularly when bilirubin elevation or abnormal liver tests accompany ultrasound evidence of duct dilatation.

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