

IDENTIFYING EARLY PREDICTORS FOR INFECTED NECROSIS IN ACUTE PANCREATITIS: A SYSTEMATIC REVIEW AND A META-ANALYSIS

Eszter Szalai

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Poster

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A systematic review and meta-analysis of 14 observational studies found that C-reactive protein and procalcitonin have intermediate predictive value for infected necrotizing pancreatitis in the first 72 hours but very good predictive value in the late phase.

KEY POINTS

- The pooled area under the ROC curve for C-reactive protein was 0.70 (95% CI 0.63–0.77) in the early phase (first 72 hours) and increased to 0.88 (95% CI 0.75–1.00) in the late phase.
- The pooled area under the ROC curve for procalcitonin was 0.70 (95% CI 0.57–0.83) in the early phase and 0.86 (95% CI 0.60–1.00) in the late phase.
- White blood cell count showed lower predictive value with a pooled AUC of 0.61 (95% CI 0.47–0.75) in the early phase.
- The analysis included 9 studies with 758 patients; infection was confirmed by CT imaging showing gas in necrotic collections or by Gram staining or culture of intervention samples.
- The authors state that persistently high C-reactive protein and procalcitonin suggest infection is likely and recommend initiation of antibiotics based on these results.

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