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Summary

PAIN EVOLUTION PREDICTORS IN ACUTE PANCREATITIS. POST-HOC ANALYSIS OF WATERFALL CLINICAL TRIAL

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UEG Week Copenhagen 2023 | Poster

Pancreas

October 17, 2023

Post-hoc analysis of the WATERFALL trial identified younger age, blood leukocyte count, dehydration signs, and active alcohol etiology as predictors of pain intensity in the first 48 hours of acute pancreatitis.

KEY POINTS

- Analysis included 228 patients from the WATERFALL trial comparing aggressive versus moderate fluid therapy, with pain assessed using the PAN-PROMISE scale (0-10 numerical scale) at baseline, 12, 24, and 48 hours
- Younger age, blood leukocyte count, presence of signs or symptoms of dehydration, and active alcohol etiology were statistically significant predictors of pain in the first 48 hours ($p<0.05$)
- Regression lines were developed using the combination of these four variables to predict pain scores at 12, 24, and 48 hours
- Multiple baseline variables did not independently predict pain intensity, including sex, smoking, body mass index, comorbidity, hematocrit, creatinine, vital signs, biliary etiology, or randomization to aggressive versus moderate fluid therapy
- This analysis may be relevant for clinicians seeking to identify acute pancreatitis patients at higher risk for severe or prolonged pain

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