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Summary

DOES RECTAL DICLOFENAC PREVENT POST-ERC PANCREATITIS? A COMPARATIVE UK COHORT ANALYSIS BEFORE AND AFTER 2020 ESGE GUIDELINES

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A retrospective study of 3,728 ERC procedures at a UK centre found no significant reduction in post-ERC pancreatitis rates despite increased NSAID prophylaxis use from 30% to 68% following 2020 ESGE guideline implementation.

KEY POINTS

- Between 2016-2019 and 2021-2024, rectal diclofenac use increased from 30% to 68% of patients undergoing ERC, but overall PEP incidence remained similar at 3.41% versus 3.93% (p=0.32).
- Among NSAID users, PEP occurred in 4.5% (Group 1) and 4% (Group 2), while among non-users PEP occurred in 2.9% and 3.7% respectively, with no clear protective association.
- The study population consisted predominantly of white Caucasians with median age 73-74 years, undergoing ERC primarily for CBD stones (60%) and tumours (20%).
- PEP was diagnosed using ESGE criteria (new or worsening abdominal pain plus amylase/lipase exceeding three times upper limit of normal more than 24 hours post-procedure), with four deaths from PEP-related complications over eight years.
- The authors suggest the lack of benefit may reflect population differences from prior studies (conducted in younger females and non-European populations) and call for prospective UK/European intention-to-treat studies.

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