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Summary

THE SPECTRUM OF MICROORGANISMS IS ASSOCIATED WITH THE OUTCOMES OF ENDOSONOGRAPHY-GUIDED THERAPY FOR INFECTED PANCREATIC FLUID COLLECTIONS

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In EUS-guided drainage of infected pancreatic fluid collections, the infecting microorganism significantly impacts outcomes, with Enterococcus faecium infections associated with 29.4% mortality (OR 8.1) and Enterococcus faecalis infections linked to poor collection resolution (33.3% vs. 88% in controls).

KEY POINTS

- This retrospective study from three Charité Berlin endoscopy units (2018-2022) analyzed 102 patients (58 infected, 44 non-infected controls) undergoing EUS-guided drainage of pancreatic fluid collections with double pigtail plastic stents (89.2%) and necrosectomy (37.3%).
- Enterococcus faecium infections (n=17, including 4 vancomycin-resistant cases) resulted in significantly higher mortality of 29.4% versus 4.5% in controls ($p<0.05$), with an odds ratio of 8.1 (95% CI 1.4-47.4) in multivariate analysis.
- Enterococcus faecalis infections (n=6) were associated with significantly worse clinical outcomes, with only 33.3% achieving collection resolution versus 88% in controls ($p<0.05$) and a median hospital stay of 93 days.
- Gram-positive infections (n=42) required significantly longer hospitalization (32 vs. 21 days, $p<0.001$) and ICU stay (49 vs. 2 days, $p<0.001$) compared to non-infected controls.
- Candida glabrata infections showed lower endoscopic therapy success rates (45.5% resolution) compared to Candida albicans infections (85.4% resolution).
- The authors conclude that organism type significantly impacts outcomes and emphasize the need for targeted therapeutic strategies in the context of rising antimicrobial resistance.

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