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Summary

Interventional management of complications

Giuseppe Vanella

UEG Week Berlin 2025 | Presentation

Pancreas

October 7, 2025

The speaker reviewed evidence-based management of peripancreatic fluid collections after acute pancreatitis, emphasizing selective drainage indications, step-up approaches, and the need to tailor treatment intensity to patient-specific risk factors.

KEY POINTS

- The speaker stated that presence of a collection alone is not an indication for drainage; indications include suspected or proven infection or local complications such as abdominal pain, gastric or biliary obstruction, or vascular compression.
- The speaker reported that the POINTER trial showed no difference in clinical outcomes between early and postponed drainage, and that postponing drainage spared procedures in 40% of patients who did not ultimately require intervention.
- The speaker stated that no randomised evidence demonstrates an advantage of lumen-apposing metal stents over plastic stents for major outcomes, with the only differences being procedural time and cost.
- The speaker reported that a recent randomised trial in larger necrotic collections over 15 cm found the primary outcome of death, major complication, or longer hospitalisation in 60% with step-up approach versus 8% with accelerated step-up, though the trial was terminated early with only 13 versus 12 patients per arm.
- The speaker stated that independent predictors of requiring step-up procedures included belonging to a high-risk classifier group and necrotic extent greater than 60% in the collection.
- The speaker reported that using MRCP to detect disconnected pancreatic duct syndrome and exchanging lumen-apposing metal stents for plastic stents reduced recurrence to zero, compared to 22% recurrence when MRCP was not used.

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