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Summary

PREDICTING CHOLEDOCHOLITHIASIS IN ACUTE BILIARY PANCREATITIS – A NEW SCORE INDEPENDENT OF IMAGING AND COMMON BILE DUCT WIDTH

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Pancreas

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A machine learning model using routine laboratory and clinical markers, excluding common bile duct width, predicted choledocholithiasis in acute biliary pancreatitis with 92.3% sensitivity and 83.3% negative predictive value in a retrospective cohort of 348 patients.

KEY POINTS

- The model reduced the rate of missed intraductal stones from over 40% with guideline-based criteria to 4.3%, outperforming both CBD width measurement and bilirubin criteria.
- Age, gamma-GT, and alkaline phosphatase were identified as the strongest predictors among 14 clinical and laboratory features used by the gradient boosted trees model.
- The model performed better for detecting stones (AUC 0.8) than for microlithiasis or sludge (AUC 0.623), while CBD diameter alone performed better for the latter.
- The authors suggest the tool may be particularly useful in centres without routine endoscopic ultrasound access and note that prospective multicenter validation is required.

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