EARLY PREDICTION MODELS FOR ESTIMATING THE NEED FOR INTERVENTION AND MORTALITY OF ACUTE PANCREATITIS: A MULTICENTER COHORT STUDY

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UEG Week Copenhagen 2023 | Poster

Pancreas

October 15, 2023

Researchers developed two early-phase prediction models using admission and 48-hour parameters to estimate late-phase mortality or intervention needs within six months in acute pancreatitis patients.

KEY POINTS

- The study analyzed 2,497 acute pancreatitis patients from five university hospitals (2010-2022) with a 3.1% endpoint rate of late-phase mortality or intervention within six months
- Model #1 uses four admission variables (SIRS, organ failure, calcium <8.5 mg/dL, albumin <3.45 g/dL) while Model #2 adds four 48-hour variables (fever, organ failure, CRP ≥200 mg/L, CTSI ≥5)
- Model #2 achieved an AUC of 0.835 in development and 0.790 in validation, significantly outperforming Model #1, Ranson's criteria, BISAP score, and CTSI alone
- Sequential use of both models stratified patients into four risk groups with complication rates of 15.2%, 9.5%, 2.8%, and 0.9% (P<.001)
- The authors state these models may help allocate medical resources for intensive care and interventional procedures in acute pancreatitis management

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