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Summary

LONG TERM RISK OF ACUTE PANCREATITIS IN PATIENTS WITH CED: A NATIONWIDE POPULATION-BASED, SIBLING-CONTROLLED COHORT STUDY

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UEG Week Berlin 2025 | Presentation

Mechanisms & Personalised Medicine | Small Intestine & Nutrition

October 7, 2025

Swedish nationwide cohort study found patients with biopsy-confirmed celiac disease have a 50% increased relative risk of incident acute pancreatitis that persists for over 25 years after diagnosis, though the absolute risk increase is low at one additional case per 185 patients.

KEY POINTS

- Among 57,221 celiac disease patients followed for a median 15.5 years, the adjusted hazard ratio for any incident acute pancreatitis was 1.50 (95% CI: 1.35 to 1.67) compared to 279,126 matched reference individuals, translating to one extra acute pancreatitis event per 185 celiac disease patients over more than 25 years.
- Non-gallstone-related acute pancreatitis showed the strongest association (aHR=1.65, 95% CI: 1.41 to 1.93), followed by gallstone-related acute pancreatitis (aHR=1.31, 95% CI: 1.12 to 1.54), while potential alcohol-related acute pancreatitis was not significantly increased (aHR=1.22, 95% CI: 0.89 to 1.67).
- Severe acute pancreatitis risk was elevated (aHR=1.68, 95% CI: 1.32 to 2.14), but among patients who survived a first episode, the risk of recurrent acute pancreatitis was not higher in celiac disease patients (aHR=0.81, 95% CI: 0.61 to 1.07).
- The association remained significant in sibling comparisons and sensitivity analyses accounting for cancer, pancreatitis-inducing medications, and COVID-19, though it was attenuated when restricted to patients naive to steroids, mesalamine, or immunosuppressants.
- The presenter emphasized that clinicians do not need to worry excessively about acute pancreatitis in celiac disease given the low absolute risk, but recommended patient education on modifying risk factors such as alcohol and tobacco use.

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