

## SMALL STONES, BIG DECISIONS: REAPPRAISING THE NEED FOR ERCP IN ACUTE BILIARY PANCREATITIS

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Poster

Pancreas

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**In patients with acute biliary pancreatitis and confirmed choledocholithiasis, smaller stone size ( $\leq 7$  mm) independently predicts spontaneous stone clearance before ERCP, occurring in approximately one-third of cases.**

### KEY POINTS

- In a retrospective cohort of 44 patients with acute biliary pancreatitis and confirmed choledocholithiasis, 31.8% had no stone identified at ERCP, suggestive of spontaneous resolution
- Stone size was an independent predictor of spontaneous clearance (OR=1.24, 95% CI: 1.01–1.52,  $p=0.036$ ), with patients without stones at ERCP having significantly smaller stones on initial imaging ( $5\pm 3$  mm vs.  $8\pm 5$  mm,  $p=0.025$ )
- Stone diameter  $\geq 7$  mm yielded 63% sensitivity and 78.6% specificity for predicting stone presence at ERCP
- Serum bilirubin, AST, alkaline phosphatase, cholecystectomy status, common bile duct dilation, and number of stones did not correlate with spontaneous clearance
- The authors suggest these findings support using endoscopic ultrasound to confirm choledocholithiasis immediately prior to ERCP in patients with small biliary stones as a risk-adapted strategy

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