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Summary

The revolution of conservative treatment

Julia Mayerle

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Surgery | Pancreas | Endoscopy

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The speaker reviewed emerging drug therapies and fluid management strategies in acute pancreatitis, reporting that moderate fluid resuscitation prevents overload without increasing severity and that novel immunomodulatory agents are now in clinical trials.

KEY POINTS

- The Waterland trial (788 patients) showed that ringer's lactate improved inflammatory markers (lower SIRS and CRP at 48 hours) compared to saline but did not reduce the risk of moderately severe or severe pancreatitis or affect clinical outcomes such as mortality, organ failure, or hospital stay.
- The speaker stated that moderate, individualised, goal-directed fluid resuscitation with ringer's lactate is now guideline-supported, based on the Waterfall trial showing that aggressive resuscitation causes fluid overload without preventing progression to severe disease.
- A Chinese phase 3 trial (348 patients) of COX-2 inhibitors (Parecoxib and Imrecoxib, unavailable outside China) reported in-hospital mortality reduced from 8.6% to 3.4% and a 20% reduction in persistent organ failure, though the speaker noted these specific drugs are not accessible in Europe.
- Auxora, a CRAC channel inhibitor targeting Orai1, showed a significant difference in time to solid food tolerance and possible reduction in new-onset respiratory failure in a 214-patient trial, with a phase 3 trial starting soon.
- The speaker highlighted that venous thromboembolism occurs in up to 20% of acute pancreatitis patients and quadruples mortality, but noted there are no guideline recommendations or randomised evidence for anticoagulation, and expressed concern about bleeding into necrosis.
- Falk Pharma is developing a kynurenine-3-monooxygenase inhibitor that completed phase 1 trials with few side effects and is planning a phase 2 trial targeting severe acute pancreatitis.

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