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Summary

Abnormal glucose tolerance after acute pancreatitis: Who, when and how?

Lucía Guilabert

UEG Week Barcelona 2026 | Presentation

Endoscopy | Pancreas

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Acute pancreatitis doubles the risk of developing diabetes within the first year, with risk continuing to increase beyond five years, and patients who develop post-acute pancreatitis diabetes face higher mortality than those with other diabetes types.

KEY POINTS

- The speaker reported a 15% incidence of diabetes in the first year after acute pancreatitis and 20-23% incidence in the following five years, with risk persisting beyond five years.
- Key risk factors include obesity, chronic kidney disease, alcohol or hypertriglyceridaemia aetiology, in-hospital hyperglycaemia above 140, pancreatic necrosis, and recurrent pancreatitis, though even mild single-episode patients remain at elevated risk compared to the general population.
- The speaker recommended screening all acute pancreatitis patients regardless of severity at 3-6 months with glycated haemoglobin and fasting plasma glucose, then annually thereafter, noting that diagnosis cannot be made before three months to avoid confounding from stress hyperglycaemia.
- Moderate to severe acute pancreatitis carries 39% diabetes incidence versus 15% for mild cases, as stated by the speaker.
- The pathophysiology involves both beta cell loss and increased insulin resistance from inflammation, resulting in a clinical presentation distinct from type 1 or type 2 diabetes.
- In the Q&A, the speaker expressed the view that there is no high-quality evidence linking GLP-1 analogues to increased pancreatitis risk and did not consider prior acute pancreatitis an absolute contraindication to GLP-1 therapy.

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