

PRE-PROCEDURAL SCREENING FOR MULTIDRUG-RESISTANT ORGANISMS IN ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY: A MULTICENTER INTERNATIONAL STUDY TO GUIDE PREVENTIVE PROTOCOLS SK

Marco J. Bruno

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Poster

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In a four-country observational study of 1244 ERCP patients, 37.1% carried multidrug-resistant organisms pre-procedure, with significant geographic variation ranging from 10.8% in the Netherlands to 83.1% in India.

KEY POINTS

- Extended-spectrum beta-lactamase-producing Enterobacterales were the most common MDROs overall (27.1%), followed by carbapenemase-producing Enterobacterales (7.6%), vancomycin-resistant Enterococcus faecium (6.7%), and methicillin-resistant Staphylococcus aureus (4.1%).
- MDRO types varied substantially by country: India showed predominantly ESBL-producing (70.2%) and carbapenemase-producing Enterobacterales (23.5%), while the United States had higher rates of vancomycin-resistant Enterococcus (10.8%) and MRSA (7.9%).
- Chronic lung disease, congestive heart failure, and prior penicillin use were independently associated with increased odds of pre-procedural MDRO carriage in multivariate analysis.
- The authors state that high MDRO prevalence increases the risk of duodenoscope contamination and that pre-procedural screening could enable targeted infection prevention measures including enhanced reprocessing or single-use duodenoscopes.
- This material is relevant for infection prevention specialists, endoscopy unit directors, and gastroenterologists managing ERCP programs.

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