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Summary

COMPARATIVE ANALYSIS OF CHARACTERISTICS AND OUTCOMES IN ERCP: SUPER-ELDERLY (≥95 YEARS) VS. ELDERLY (65–70 YEARS) PATIENTS

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UEG Week Berlin 2025 | Poster

Hepatobiliary

October 5, 2025

Retrospective comparison of ERCP outcomes in super-elderly (≥95 years) and elderly (65-70 years) patients found similar technical success and mortality rates despite higher comorbidity burden in the oldest group.

KEY POINTS

- Technical success rates were comparable between super-elderly and elderly patients (96.74% vs 95.65%, p>0.05), with similar procedure completion rates.
- Super-elderly patients had significantly more comorbidities and lower functional status (only 6.52% had Barthel index of 100 vs 97.83% in elderly, p<0.001) but no statistically significant difference in mortality at 30 days, 6 months, or 12 months.
- Super-elderly underwent predominantly urgent procedures for cholangitis (46.7% vs 16.3%, p<0.001) and were more often hospitalized, while elderly had more elective procedures and outpatient settings.
- Immediate complication rates were similar (32.6% super-elderly vs 25% elderly, p=0.33), though super-elderly showed a broader range and tendency toward greater severity of complications including perforations and severe cholangitis.
- Study authors conclude ERCP should not be rejected based on advanced age alone, as the procedure appears safe and effective in patients aged 95 years and older.

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