

PREDICTIVE FACTORS OF SEVERITY IN ACUTE CHOLANGITIS. WHO SHOULD BE PRIORITIZED FOR URGENT BILIARY DRAINAGE? A RETROSPECTIVE STUDY

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Poster

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A retrospective study of 331 acute cholangitis patients identified high comorbidity index, alkaline phosphatase above 300 U/L, and C-reactive protein above 8 mg/dL as independent predictors of intra-hospital mortality, but found no mortality difference between early and late biliary drainage.

KEY POINTS

- In multivariate analysis, high Charlson comorbidity index (OR 2.34), alkaline phosphatase greater than 300 U/L (OR 6.37), and C-reactive protein greater than 8 mg/dL (OR 5.10) independently predicted intra-hospital mortality.
- No significant difference in mortality was observed between patients drained before 48 hours versus after 48 hours of admission, including among those with identified mortality risk factors ($p=0.571$).
- Malignant origin of biliary stenosis was significantly associated with 30-day post-discharge mortality (OR 12.57, 95% CI 1.58-100.17).
- The study population had median age 78 years, with choledocholithiasis accounting for 48% of cases and median time to drainage of 5 days; overall intra-hospital mortality was 4.23%.
- The authors suggest that elevated comorbidity, alkaline phosphatase, and C-reactive protein at admission could be useful factors to prioritise patients for urgent drainage.

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