

INVESTIGATION OF FACTORS CONTRIBUTING TO IMPROVED MORTALITY IN SEVERE ACUTE PANCREATITIS WITH DISSEMINATED INTRAVASCULAR COAGULATION

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Poster

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In a retrospective study of 114 patients with severe acute pancreatitis complicated by disseminated intravascular coagulation, mortality was 11.4% and independently associated with age 70 years or older, walled-off necrosis, and failure to resolve DIC by day 7.

KEY POINTS

- Age 70 years or older, walled-off necrosis complication, and failure to achieve DIC secession by day 7 were independent prognostic factors for mortality in multivariate analysis.
- Use of recombinant thrombomodulin was associated with improved DIC secession rates at day 7 (OR 2.42), as was a baseline SOFA score of 5 or less (OR 2.65).
- Arterial injection therapy and enteral nutrition administration were both associated with walled-off necrosis complication.
- The study analyzed data from 9 institutions between April 2011 and March 2021, excluding patients who died within 48 hours of treatment initiation.

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