

UTILITY OF URINARY TRYPSINOGEN-2 FOR EARLY DIAGNOSIS OF POST-ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY PANCREATITIS

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UEG Week Berlin 2025

Poster

Pancreas

October 5, 2025

A prospective study of 337 patients evaluated urinary trypsinogen-2 measured at multiple time points after ERCP as a biomarker for post-ERCP pancreatitis, finding it had slightly lower predictive performance than serum amylase but may enable earlier detection.

KEY POINTS

- Post-ERCP pancreatitis occurred in 10% of patients (mild 8.6%, moderate 1.2%, severe 0.3%) in this single-center prospective observational study conducted at The University of Tokyo Hospital between February 2022 and June 2024.
- In the full cohort, urinary trypsinogen-2 showed a trend toward higher sensitivity than serum amylase (64.7% at 1 and 3 hours versus 52.9%), but amylase had significantly higher specificity (92.7% versus 65.0% at 3 hours) and accuracy (88.7% versus 65.0%).
- 28.5% of patients tested positive for urinary trypsinogen-2 before ERCP; these patients were significantly older (79 versus 71 years), more likely to have pancreatic cancer (19.8% versus 9.5%), and less likely to have chronic pancreatitis (3.1% versus 12.9%).
- After excluding pre-ERCP urinary trypsinogen-2-positive cases, diagnostic accuracy became comparable between urinary trypsinogen-2 and amylase (83.8% versus 88.0%), and diagnostic performance plateaued at 1 hour post-ERCP, suggesting potential utility for earlier prediction of post-ERCP pancreatitis.

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