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Summary

INCIDENCE AND RISK FACTORS FOR ACUTE CHOLECYSTITIS FOLLOWING ERCP WITH METAL STENTING OF MALIGNANT DISTAL BILIARY OBSTRUCTION: FINAL RESULTS THE SCANSION PROSPECTIVE COHORT STUDY

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In this prospective study of 130 patients undergoing ERCP with partially covered SEMS for distal malignant biliary obstruction, post-ERCP acute cholecystitis occurred in 9.2% and was independently predicted only by high-risk cystic duct location (infiltrated or within 10 mm of the stenosis).

KEY POINTS

- Post-ERCP acute cholecystitis occurred in 12 of 130 patients (9.2%), more frequently than post-ERCP pancreatitis (7.7%), with a median onset of 5.5 days and requiring additional intervention in 58.3% of cases.
- At multivariate analysis, high-risk cystic duct location (infiltrated or closer than 10 mm from the neoplastic stenosis) was the only independent predictor of post-ERCP acute cholecystitis (OR 5.2, 95% CI 1.5-18.3).
- Patients with high-risk cystic duct location had a significantly higher rate of acute cholecystitis (19.5% versus 4.5%, p=0.01), whereas cystic duct infiltration alone did not predict the event (13.6% versus 8.3%, p=0.4).
- EUS performed before ERCP reliably identified the high-risk cystic duct location, with two independent blinded endoscopists assessing the distance or infiltration of the cystic duct from the stenosis.
- The cohort consisted predominantly of pancreatic adenocarcinoma (84.6%), with cystic duct infiltration present in 16.9% and median follow-up of 119 days.

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