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Summary

PERSISTENT EXOCRINE PANCREATIC INSUFFICIENCY AFTER ACUTE PANCREATITIS AND PREDICTIVE FACTORS FOR ITS OCCURRENCE: A PROSPECTIVE LONGITUDINAL AND RANDOMIZED CONTROLLED TRIAL STUDY WITH LONG-TERM FOLLOW-UP

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Pancreas

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Exocrine pancreatic insufficiency developed in 47.6% of patients after acute pancreatitis, persisted for at least 6 months in 58% of those affected, and responded better to pancreatic enzyme replacement therapy than placebo in severe cases (20% vs. 12% resolution, p=0.04).

KEY POINTS

- In 105 patients with first-episode acute pancreatitis, 50 (47.6%) developed exocrine pancreatic insufficiency, with 60% classified as severe and 38% occurring even in mild AP.
- Persistent exocrine pancreatic insufficiency (lasting ≥6 months) occurred in 58% (n=29) of affected patients, including 31% with mild AP.
- In the randomized trial, pancreatic enzyme replacement therapy (4000 IU with meals, 20000 IU with snacks) led to significantly more EPI resolution than placebo in patients with severe EPI (20% vs. 12%, p=0.04), though overall EPI resolution rates were similar (44% vs. 40%, p=0.598).
- Independent predictors of persistent EPI included previous diabetes (OR 15.382, p=0.001), endocrine pancreatic insufficiency (OR 9.906, p=0.042), recurrent AP (OR 7.182, p=0.028), non-biliary etiology (OR 5.744, p=0.037), severe AP (OR 21.386, p<0.001), pancreatic necrosis (OR 21.05, p=0.007), and low magnesium (OR 45.690, p=0.045).
- Endocrine pancreatic insufficiency was diagnosed in 17.1% of patients overall.

– The presenter recommended screening all acute pancreatitis patients for exocrine insufficiency using fecal elastase-1 and starting enzyme replacement therapy early in diagnosed cases.

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