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Summary

BEYOND RECURRENT ACUTE PANCREATITIS: EARLY CHRONIC PANCREATITIS AS A DISTINCT PHENOTYPE IN THE PANCREATITIS CONTINUUM

Peter Hegyi

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Immunology | Pancreas | Mechanisms & Personalised Medicine | Histopathology | Hepatobiliary | Digestive Oncology

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Early chronic pancreatitis, defined as three or more acute pancreatitis episodes without radiological chronic pancreatitis features, represents a clinically distinct transitional phenotype between recurrent acute pancreatitis and established chronic pancreatitis in a registry study of 1,717 patients.

KEY POINTS

- In 1,717 patients from the Hungarian Pancreatic Study Group AP Registry (2017–2025), early chronic pancreatitis (ECP; ≥3 episodes without CP morphology, n=152) showed demographic and etiologic features intermediate between recurrent acute pancreatitis (RAP; 2 episodes, n=215) and acute-on-chronic pancreatitis (ACP; n=207).
- Male prevalence increased from 58% in RAP to 72% in ECP to 79% in ACP; alcohol-related etiology increased from 23% to 36% to 45%; and smoking prevalence increased from 36% to 49% to 68% across the same groups.
- Endoscopic management patterns shifted: prophylactic pancreatic stenting predominated in AP (71%) and RAP (67%), whereas pancreatic duct-directed interventions accounted for 42% of procedures in ECP and 77% in ACP.
- Despite the absence of radiological chronic pancreatitis, ECP already demonstrated epidemiological, etiological, and endoscopic features resembling more established pancreatic disease.
- The authors propose that recognition of patients with three or more acute pancreatitis episodes may facilitate earlier risk-factor modification, specialist evaluation, and tailored management before established morphological chronic pancreatitis develops.

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