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Summary

PANCREATIC MORPHOLOGICAL AND ENDOCRINE CHANGES FOLLOWING ACUTE PANCREATITIS: PRELIMINARY RESULTS FROM THE GOULASH PLUS STUDY

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IBD | Pancreas | Gut Microbiota | Endoscopy | Digestive Oncology | Colorectal

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The GOULASH-PLUS study shows that after acute pancreatitis, morphological progression to recurrent AP, early CP, or CP affected 35.1% of single-AP patients and diabetes tripled to 39.2% by year four, with most progression occurring in the first two years.

KEY POINTS

- Among 360 patients followed for four years, the proportion with RAP, early CP, or CP morphology more than doubled from 25.3% at baseline to 55.1% by year four, with the highest progression in the first two years at 21.2%.
- Diabetes prevalence tripled from 13.6% at baseline to 39.2% by year four, and among single-AP patients, prediabetes plus diabetes combined increased from 41.5% to 74.2%.
- Endocrine progression was also highest in the first two years at 30.4% and 21.2% in successive years.
- Among patients with single AP at baseline, 35.1% progressed to RAP, early CP, or CP by the fourth year.
- The findings support guideline-recommended targeted follow-up after acute pancreatitis, with the first two years representing a critical window for intervention.
- The speaker noted that moderate or severe pancreatitis, necrosis, and alcoholic etiology were associated with higher risk, and recommended alcohol and smoking cessation as important preventive measures.

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