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Summary

# CARDIAC INVOLVEMENT IN ACUTE PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF CLINICAL OUTCOMES

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**A systematic review and meta-analysis of 32 studies involving 5.3 million patients found significant associations between cardiac abnormalities and adverse outcomes in acute pancreatitis, with atrial fibrillation and pre-existing chronic heart failure conferring approximately threefold higher odds of mortality.**

## KEY POINTS

- Patients with atrial fibrillation had nearly threefold higher odds of in-hospital mortality compared to those without atrial fibrillation (OR: 2.69; 95% CI: 1.34–5.38).
- Pre-existing chronic heart failure was associated with a threefold increased odds of mortality in acute pancreatitis (OR: 3.43; 95% CI: 1.96–5.98).
- Severe and moderately severe acute pancreatitis tripled the odds of ECG repolarization changes compared to mild acute pancreatitis (OR: 2.75; 95% CI: 1.19–6.36), though no significant association was found with QTc prolongation.
- Elevated cardiac laboratory markers including creatine kinase-MB were associated with higher mortality and longer hospital stays, and echocardiographic findings such as pericardial effusion and cardiac dysfunction were associated with worse outcomes.
- The authors recommend routine cardiology screening during hospitalization for acute pancreatitis patients and suggest future longitudinal research on long-term cardiovascular complications.

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