IMPACT OF PRE-EXISTING AND NEWLY DEVELOPED CARDIOVASCULAR CONDITIONS ON IN-HOSPITAL AND POST-DISCHARGE MORTALITY IN ACUTE PANCREATITIS: A SINGLE-CENTER REGISTRY ANALYSIS

Rita Nagy

UEG Week Berlin 2025 | Poster

Pancreas

October 4, 2025

A Hungarian registry study of 1,316 acute pancreatitis patients found that pre-existing atrial fibrillation and newly developed acute heart failure are significantly associated with increased mortality.

KEY POINTS

- Pre-existing atrial fibrillation was associated with four-fold higher odds of in-hospital mortality (OR: 4.01, 95% CI: 1.92-8.34) in acute pancreatitis patients.
- Newly developed acute heart failure was associated with 25-times higher odds of in-hospital mortality (OR: 25.81, 95% CI: 12.13-54.98) and four-times higher odds of post-discharge mortality within one year (OR: 4.93, 95% CI: 1.01-24.26).
- Pre-existing chronic heart failure, stroke history, newly discovered atrial fibrillation, and QTc prolongation on ECG did not show statistically significant associations with mortality outcomes.
- The study authors suggest their findings highlight the importance of cardiac monitoring and management in acute pancreatitis patients.
- This registry analysis may be relevant to gastroenterologists and intensivists managing acute pancreatitis patients with cardiac comorbidities.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/b8c0f6c6-a815-11f0-a23b-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.