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Summary

ONE DAY OF ANTIBIOTIC TREATMENT IS NON-INFERIOR TO 4-7 DAYS IN PATIENTS WITH ACUTE CHOLANGITIS AFTER ADEQUATE BILIARY DRAINAGE: A MULTI-CENTRE RANDOMISED CONTROLLED TRIAL (COBRA)

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One day of antibiotic treatment after adequate endoscopic biliary drainage is non-inferior to 4-7 days in adults with acute cholangitis, with fewer antibiotic-related adverse events in the shorter course.

KEY POINTS

- In a multicentre randomised non-inferiority trial of 410 adults with acute cholangitis after successful ERCP, clinical cure occurred in 95.1% receiving 1-day antibiotics versus 93.7% receiving 4-7 days (absolute risk difference 1.5%, one-sided 95% confidence limit -2.4%, exceeding the -7.5% non-inferiority margin).
- Antibiotic-related adverse events were reported in 8.3% of the 1-day group versus 16.6% of the 4-7-day group.
- Non-inferiority was maintained in prespecified subgroups including patients with gram-negative bacteraemia (93.1% vs 90.5%, one-sided 95% confidence limit -4.9%) and malignant obstruction (95.0% vs 85.7%, one-sided 95% confidence limit -5.6%).
- All-cause 90-day mortality was low in both groups (2.9% in 1-day group vs 1.5% in 4-7-day group), with cholangitis-related mortality at 1.0% versus 0%.
- The trial enrolled adults with acute cholangitis due to distal biliary obstruction who achieved adequate drainage and fever resolution within 24 hours after ERCP, excluding those with concomitant infections or immunosuppressive therapy.

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