

PROPHYLACTIC ANTIBIOTICS REDUCE POST ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY INFECTIOUS COMPLICATIONS IN PATIENTS WITH DISTAL MALIGNANT BILIARY OBSTRUCTION: A MULTICENTER PROPENSITY SCORE MATCHED STUDY

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Presentation

Endoscopy

Hepatobiliary

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Prophylactic antibiotics significantly reduced post-ERCP infectious complications in patients with distal malignant biliary obstruction undergoing initial stent placement in a retrospective propensity-matched study of 330 patients.

KEY POINTS

- In the matched cohort (165 per group), prophylactic antibiotics reduced overall infectious complications (cholangitis or cholecystitis within 5 days) from 10.3% to 3.6% (risk difference 6.7%, $p=0.029$, NNT 14.9).
- The benefit was driven by a significant reduction in cholangitis from 7.9% to 2.4% ($p=0.043$, risk ratio 3.25), while cholecystitis rates showed no significant difference (2.4% vs. 1.2%, $p=0.685$).
- Multivariable logistic regression confirmed that absence of prophylactic antibiotics was independently associated with higher risk of infectious complications (odds ratio 2.45, 95% CI 1.22–4.92).
- Post-ERCP pancreatitis rates did not differ significantly between groups (6.1% without antibiotics vs. 9.7% with antibiotics, $p=0.307$).
- Study limitations include residual confounding, lack of systematic antibiotic resistance assessment, absence of bacteremia evaluation, and single-country design limiting generalizability.

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