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Summary

Mortality after acute pancreatitis: What are the hidden risks?

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Endoscopy | Pancreas

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Post-discharge mortality after acute pancreatitis surpasses in-hospital mortality, reaching nearly 9% at one year in population-based data, with deaths driven by pancreatitis complications, infections, cardiovascular events, and cancer.

KEY POINTS

- The speaker reported that in-hospital mortality was approximately 3% in both Hungarian (2500+ patients) and Danish national registry studies, but one-year post-discharge mortality rose to 5.5% in Hungary and nearly 9% in Denmark.
- In-hospital mortality decreased significantly from 2000 to 2017 in the Danish study, but the post-discharge mortality decline was much less pronounced and became statistically insignificant.
- Four main causes of post-discharge death were identified: acute pancreatitis-related complications including infected pancreatic necrosis, infections beyond the pancreas, cardiovascular problems, and cancer particularly pancreatic cancer.
- The speaker stated that fourfold increased risk of acute myocardial infarction and threefold increased risk of stroke were observed in the post-discharge period, though absolute risks remained relatively low.
- Risk factors for post-discharge mortality include acute pancreatitis severity, which is closely associated with early mortality up to 90 days, and patient comorbidities such as cardiac disease and cancer.
- The speaker advised against prophylactic anticoagulation or antiplatelet therapy for all patients given the low absolute cardiovascular risk, but suggested informing patients of slightly increased risk and considering risk-stratified follow-up.

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