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Summary

VASCULAR COMPLICATIONS IN PATIENTS WITH WALLED-OFF PANCREATIC NECROSIS

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Pancreas

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In a cohort of 290 patients endoscopically treated for walled-off necrosis, 30% developed vascular complications, with thromboembolic events (18%) occurring mostly before intervention and arterial bleeding (12%) occurring mostly after, the latter associated with significantly higher mortality.

KEY POINTS

- Vascular complications occurred in 87 of 290 patients (30%) treated endoscopically for walled-off necrosis over a 10-year period, with overall in-hospital mortality of 14%
- Thromboembolic complications affected 18% of patients, most commonly involving the portal vein (34%), splenic vein (28%), and superior mesenteric vein (23%), with 81% occurring before the index endoscopic procedure
- Splanchnic venous thrombosis was not associated with increased in-hospital mortality (13% vs 14%, p=1.0) or ICU admission (38% vs 34%, p=0.64), and no patients developed variceal bleeding during follow-up
- Arterial bleeding complications affected 12% of patients, with 77% occurring after the index procedure, and were associated with significantly higher ICU admission rates (59% vs 32%, p=0.003) and in-hospital mortality (38% vs 11%, p<0.0001)
- This study provides outcome data relevant to clinicians managing patients with necrotizing pancreatitis and walled-off necrosis undergoing endoscopic intervention

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