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Summary

CLINICAL AND LABORATORY FACTORS ASSOCIATED TO ANTIBIOTIC USE IN ACUTE PANCREATITIS

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UEG Week Vienna 2024 | Poster

Pancreas

October 13, 2024

A retrospective Spanish cohort study of 211 acute pancreatitis patients found that 36.5% received antibiotics, with total bilirubin greater than 3 mg/dL and presence of SIRS on admission independently associated with antibiotic use.

KEY POINTS

- Among 211 acute pancreatitis patients admitted July to December 2017, antibiotics were prescribed in 77 patients (36.5%), with 21 developing severe disease (9.95%) and 11 deaths (5.21%).
- Patients receiving antibiotics had significantly higher rates of severe acute pancreatitis (19% vs 4.4%, p=0.001), death (11.6% vs 1.4%, p=0.001), and extrapancreatic infection (32.4% vs 1.9%, p<0.001) compared to those not receiving antibiotics.
- In multivariable logistic regression, only total bilirubin greater than 3 mg/dL and presence of SIRS on admission were independently associated with antibiotic use.
- The authors note that distinguishing inflammatory response from true infection in acute pancreatitis is challenging and may lead to antibiotic overuse, as SIRS and elevated bilirubin can occur from pancreatitis alone.
- This study is relevant for clinicians managing acute pancreatitis who seek to identify early predictors of infection requiring antibiotics while avoiding unnecessary antimicrobial use.

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