

SLUDGE AND MICROLITHIASIS WITH COMPARABLE CLINICAL OUTCOME COMPARED WITH GALLSTONE-INDUCED ACUTE BILIARY PANCREATITIS

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Poster

Pancreas

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Microlithiasis and sludge-induced acute pancreatitis shows equivalent severity, cholestasis pattern, and outcomes compared to gallstone-induced pancreatitis in a 348-patient cohort study.

KEY POINTS

- Microlithiasis and sludge-induced pancreatitis did not show a milder disease course than gallstone-induced pancreatitis when classified by revised Atlanta criteria ($p = 0.63$)
- Mean bilirubin levels on admission were similar across groups: microlithiasis 3.6 mg/dl, sludge 2.6 mg/dl, and gallstones 3.5 mg/dl, with no significant difference ($p = 0.067$, normal range < 1.2 mg/dl)
- EUS detection rates on day 1 were comparable: gallstone AP 44.82%, microlithiasis AP 46%, sludge AP 40.7% ($p = 0.98$), with highest detection occurring on admission day
- ERCP extraction rates on admission day showed no significant difference: gallstone AP 39.1%, microlithiasis AP 25%, sludge AP 38.8% ($p = 0.49$)
- The authors conclude that microlithiasis and sludge detected by EUS in early acute pancreatitis should be considered triggers rather than causes unless another aetiology is identified

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