

#193 - EPIDEMIOLOGICAL CHARACTERIZATION OF ACUTE PANCREATITIS ATTENDANCE AT A TERTIARY ACADEMIC HOSPITAL: A FIVE-YEAR HISTORIC COHORT STUDY

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BACKGROUND: Hospitalisation and endoscopic resources are necessary to achieve the best management in acute pancreatitis (AP) patients. A better comprehension of AP epidemiology per institution contributes to healthcare resource planning.

AIM: To characterise AP epidemiology at a tertiary hospital in terms of aetiology, severity, management, hospitalisation length, complications, and mortality rate.

METHODS: Historic cohort study between Jan'2013 to Apr'2018. The following data was recovered from the electronic records: demographics, AP aetiology and severity, endoscopic ultrasound (EUS) diagnosis, requirement of parenteral nutrition (PN), endoscopic retrograde cholangiopancreatography (ERCP), hospitalisation length, complications and mortality rate.

RESULTS: 532 patients, mean age 53.0 ± 20.1 years old, 284 women (53.4%), 61 cholecystectomy (11.5%). AP aetiology was biliary (382; 71.9%), post-ERCP (59; 11%), alcohol-related (48; 9%), cancer-related (28; 5.3%), drug-related (1; 0.2%), autoimmune pancreatitis (1; 0.2%), and idiopathic (13; 2.4%). According to Marshall, BISAP, Ranson score, and Balthazar grade, 6%, 6%, 5.5%, and 3.6% were at high-risk mortality, respectively. EUS was required in 260 (48.9%). Oral feeding was successfully restarted within the first five days post-AP onset in 428 (80.5%), but 81 required PN (15.2%). ERCP was performed in 400 (75.2%), without ERCP-related complications in 399 (99.7%). One patient presented post-ERCP pancreatitis (0.3%). There were 402/471 non-cholecystectomy patients addressed to post-ERCP cholecystectomy (85.4%). The median hospitalisation length was two days. Early local complications were identified in 45 (8.5%): 40 acute peripancreatic free collections and five acute necrotic collections. Late local complications were identified in 18 (3.4%): seven pseudocysts and eleven walled-off necrosis. The mortality rate was 1/532 (0.2%).

CONCLUSIONS: In general, high-risk mortality patients remain low. EUS and ERCP played an important diagnostic and therapeutic role. There was a few PN requirement and hospitalisation length. Around 1 per 10 patients presented local complications. This data helps plan improvement on institutional strategies to optimise outcomes.