

Abstracts from UEGW

Impact of intensive hydration on the incidence of PEP

- Prospective Double blind randomized control trial
- Primary end point:
 - If Intensive hydration impacts the incidence and severity of PEP
- Randomization:
 - 1:1 to either intensive hydration (3ml/kg during the procedure, 20ml/kg/hr bolus immediately after the procedure followed by 3ml/kg/hr for 8 hours after the procedure)
 - Standard hydration- 1.5ml/kg/hr during and 8 hours after the procedure
 - Blood panel including Amylase and Lipase was obtained at 4 hours
 - PEP defined as epigastric pain with either amylase or lipase level >3times the upper limit of normal at 24 hours

- Secondary outcome:

- Severity of PEP
- Incidence of volume overload
- Patient and procedure related factors associated with PEP
- Predictive values of serum amylase/ Lipase at 4hours after ERCP for PEP development

- Exclusion Criteria:

- Previous sphincterotomy, chronic pancreatitis, NYHA 3 HF, CKD stage 3

Results

- 75 patients were included in this study
- 38 in intensive hydration (IH) arm, 37 in the standard hydration (SH) arm
- Overall PEP incidence 9.3%
- 5.3% IH Vs 13.5% SH (P=0.204)
- PEP was mild in IH patients
- PEP was moderate to severe in 40% of SH arm (2/5)
- Contrast injection in to the main PD was significantly associated with PEP (28.6% Vs 7.1%, p=0.016)
- Amylase < 2 times and lipase <3 times upper limit of normal at 4 hours demonstrated a negative predictive value of 100% for the development of PEP.
- No complication was observed as a result of intensive hydration

Conclusion

- Incidence of PEP was 9.3 %
- Non- significant risk reduction trend of PEP in IH arm
- Main PD duct injection was associated with increased incidence of PEP
- Amylase and Lipase levels may predict absence of PEP at 24 hours (NPV 100%)

Rectal Indomethacin May Not Decrease the Incidence of PEP in consecutive Patients: A Meta-analysis Of Randomized and controlled trials

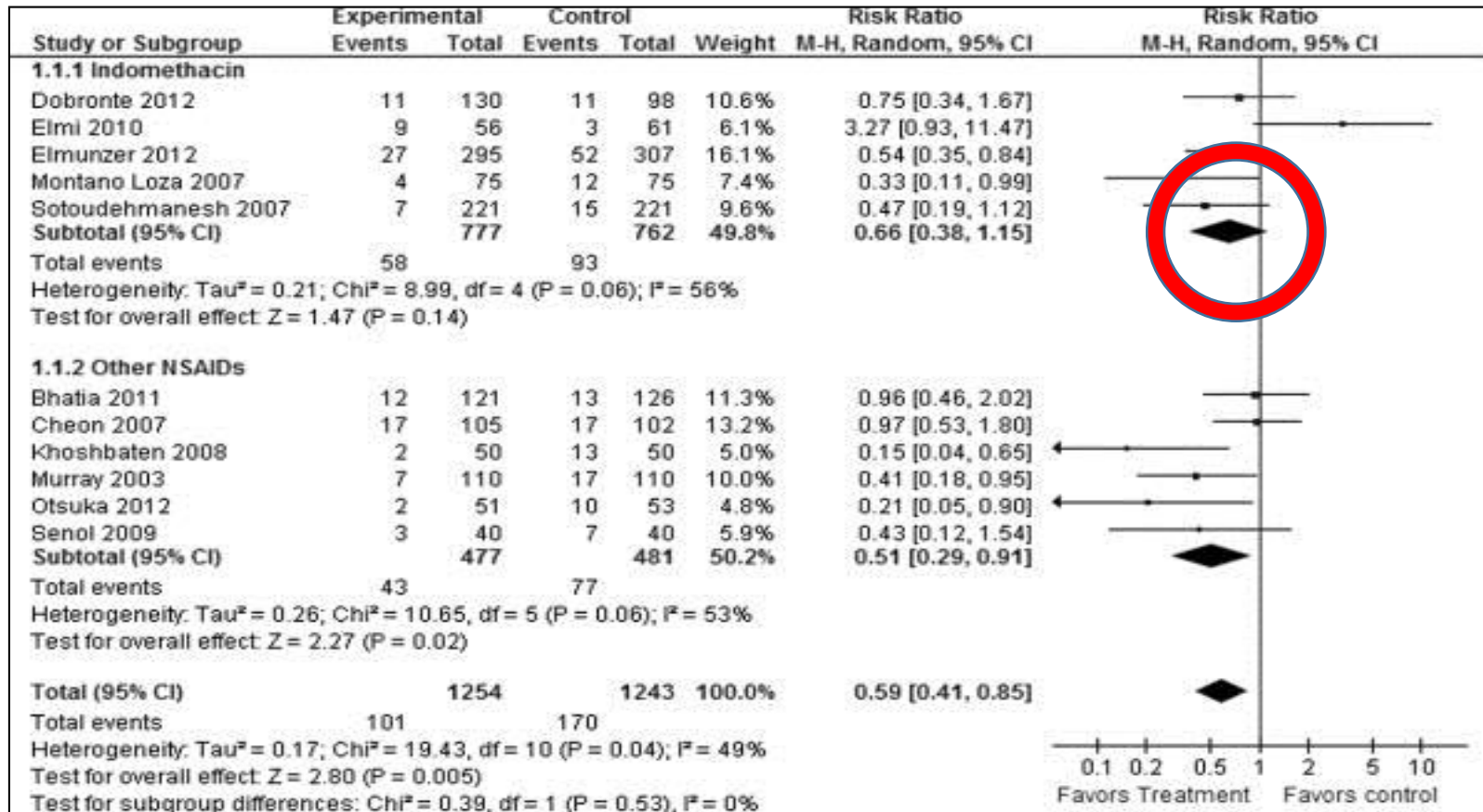
- Data on efficacy of Rectal indomethacin to prevent PEP is inconsistent
- Meta-analysis of high quality randomized control trials specifically studying rectal indomethacin in the prevention of PEP
- Aims & Methods:
 - Literature search through Medline, Embase, and Cochrane central register for controlled trials register.
 - Randomized control trials employing rectal indomethacin for prevention of PEP were included
 - Primary outcome: overall rates of post-ERCP Pancreatitis.

	Montano 2007	Sotooudehmanesh 2007	Dobronte 2012	Dobronte 2014	Patai 2015	Levenick 2016
Intervention 100mg PR	Before ERCP	Before ERCP	Before ERCP	Before ERCP	Before ERCP	During ERCP
Center	Multicenter	Single center	Single center	Multicenter	Single center	Single center
PEP Definition	Pain, amylase	Pain, amylase	Pain, amylase, prolonged admission	Pain, amylase, prolonged admission	Pain, amylase, prolonged admission	Pain, amylase, prolonged admission
PD stent used	Yes	No	N/A	No	No	Yes
Total Randomized	150	490	228	686	539	449
Total Analysed	150	442	228	665	539	449
Indomethacin	75	221	130	347	270	223
Placebo	75	221	98	318	269	226
Demographics						
Mean Age						
Indomethacin	55	58	66	66	66	65
Placebo	51	58	67	68	65	64
% female						
Indomethacin	65	56	63	62	67	53
Placebo	68	53	70	67	67	52
%Diff cannulation						
Indomethacin	N/A	N/A	N/A	18	29	21
Placebo	N/A	N/A	N/A	16	30	19
% PD Injection						
Indomethacin	7	20	63	71	23	22
Placebo	8	19	68	68	30	22

Results:

- 6 studies were included (2473 Patients)
- Incidence of PEP 7% (95% CI 6-9%)
- No significant difference in overall rate of PEP in consecutive patients between Indomethacin and Placebo (OR 0.67; 95% CI 0.46-1.00, P=0.050)
- No difference in the rates of moderate to severe(OR 0.66; 95%CI 0.28-1.56 P=0.345)or mild pancreatitis (OR 0.71;95%CI,0.45-1.10,P=0.127).

Subgroup analysis- Indomethacin Vs Other NSAIDs



- 5 studies (n = 1539; weight, 49.8%) using indomethacin showed no statistically significant difference (RR, 0.66; 95% CI, 0.38–1.15; P = 0.14).
- 6 studies (n = 958; weight, 50.2%) using other NSAIDs (all using diclofenac except 1 study using valdecoxib) showed significant benefit (RR, 0.51; 95% CI, 0.29–0.91; P = 0.02)

Conclusion

- Rectal indomethacin did not show significant prevention effect of PEP

Is Long term Biliary stenting for CBD stones safer than than stone removal in the elderly

- Retrospective study on 740 patients older than 80 yrs old over 12 years
- Mean age 87.3 (maximum age 108 yrs.)
- Sphincterotomy with stone removal – 370 patients
- Long term biliary stenting- 349 patients
- Sphincteroplasty with stone removal- 21 patients

	Mean stone size	Mean number of stones
Sphincterotomy	10.8	3.1
Biliary stenting	14.9	4.7
Sphincteroplasty	14.8	3.5

Results

	Sphincterotomy	Sphincteroplasty	Biliary stenting	P value
Mean Rx time	40.2	50.5	21.2	<0.01
Post Rx hospital stay (Mean)	8.9 days	5 days	7.2 days	<0.01
Recurrent Cholangitis @ 3yrs	21.5%		55.5%	<0.01
Mean recurrence interval od cholangitis	5.6 years		2.9 years	<0.01

Conclusion:

Long term EBS is associated with recurrent cholangitis in the long term.