

June 19-20, 2018  
Paris, FranceJ Clin Gastroenterol Hepatol 2018, Volume: 2  
DOI: 10.21767/2575-7733-C1-003

# UTILITY OF ERCP IN ACUTE BILIARY PANCREATITIS

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**Introduction:** The timing of an indication for ERCP in acute biliary pancreatitis (ABP) is an unresolved issue. Whilst expert opinion suggests early ERCP (<72 hours) should be performed in the setting of cholangitis and on-going obstruction, lack of consensus guidelines means that practise is variable. Data suggests that often ERCP is not necessary as most ductal gallstones pass spontaneously.

**Aims & Background:** The purpose of this study was to assess the use of endoscopic retrograde cholangiopancreatography (ERCP) in the setting of ABP, specifically evaluating timing and findings at ERCP.

**Method:** We retrospectively reviewed the case notes of all patients admitted to Brighton and Sussex University Hospitals NHS Trust with a diagnosis of acute biliary pancreatitis (ABP) between 1<sup>st</sup> Jan' 2015 and 31<sup>st</sup> Dec' 2017. Data recorded included age, sex, LFTs on admission, length of stay, and imaging findings. If ERCP was performed, the timing and ERCP findings were analysed, and details of any subsequent cholecystectomy were recorded.

**Results:** 157 patients (64 male, 93 female) were admitted with acute biliary pancreatitis during the three-year period with a median age of 63 (Range 14-101). 69 patients (44%) underwent ERCP. 16 patients (23%) had ERCP within 72 hours. The median time to ERCP from admission was ten days (range 1- 48 days). ERCP was unsuccessful in four cases (5.7%). Stones were found in less than half the cases (32/65, 49%). Compared with definite imaging findings, equivocal imaging findings (e.g. possible stone and biliary dilatation only) was associated with no stone being found at ERCP (66% in equivocal vs. 42% in definite, p=0.05). There was a trend towards lower chance of finding stones at ERCP in those who had the procedure within 3-14 days from admission compared with those ERCP within 72 hours (46% vs. 75%, p=0.09). 26 patients proceeded to cholecystectomy and median number of days before cholecystectomy is 33.5 days (range 4-663 days)

**Conclusions:** In ABP, ERCP is not always indicated even when stones are seen in the CBD on imaging. Our data suggests that stones often pass spontaneously after the imaging and that unnecessary ERCPs are performed. We suggest that in selected cases (e.g. those with equivocal imaging), repeat imaging/clinical evaluation is performed at 10-14 days to reassess the need or indication for ERCP

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