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GOULASH-PLUS STUDY-IN THE EARLY PHASE OF CHRONIC PANCREATITIS

Introduction: Acute pancreatitis (AP) can lead to late complications, such as recurrent acute pancreatitis (RAP) and chronic pancreatitis (CP). CP is often recognized in incurable stage, however, parameters that indicate reversible, early-stage CP are still unknown. Our aim is to find measurable biomarkers and clinical signs of this early phase of CP.

Methods: GOULASH-PLUS is a 6-year observational study of AP, of which data of 133 patients from a 2-year follow-up were analyzed. Abdominal ultrasound (US) was performed in the first year, while endoscopic ultrasonography (EUS) or magnetic resonance cholangiopancreatography (MRCP) in the second year. Oral glucose tolerance test (OGTT) was performed to detect carbohydrate metabolism abnormality (CMA) and a stool elastase test to measure exocrine insufficiency (PEI). Chi-square and Fisher-exact test were used for statistical analysis.

Results: PEI was seen in 21% of patients in the first year and in 12% in the second year. CMA was found 33% of patients in the first year and in 28% in the second year. During US, pancreas inhomogeneity or calcification was detected in 20% of non-CP patients. Early CP signs were seen in 26% during EUS or MRCP, 66% of patients in this group had CMA and 17% had PEI. CMA occurred in 74% of patients with moderate to severe AP. RAP occurred in 19.5% of patients over 2 years, with CMA in 30% and PEI in 50%.

Conclusion: In patients with moderate to severe AP or with abnormalities on EUS or MRCP, CMA was detected more frequently.

Keywords: pancreatitis, GOULASH-PLUS

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INTERSTITIAL LUNG DISEASE MULTIDISCIPLINARY TEAM: EVALUATION OF THE USE OF A WEB BASED STRUCTURED PLATFORM IN THE DIAGNOSIS

The diagnosis of interstitial lung disease (ILD) is a challenging and complicated task regarding the diversity of these conditions. In the clinical practice the ILD multidisciplinary team (MDT) meetings are the gold standard for definite and high confidence ILD diagnosis. MDT defines diagnosis and provides recommendations for suggested additional examinations and therapy. The experience of the MDT significantly affects the probability and confidence of the diagnosis. The inter-team agreement might differ significantly, mostly due to heterogeneity of guidelines for diagnostic criteria of a given ILD.

Our aim was to build a web based structured platform to make ILD-MDT diagnosis and treatment recommendation uniform. The pilot was started March 2021, and 59 cases were reviewed during the first 3 months. HRCT pattern, major ILD categories and diagnostic confidence were included. Majority of the presented cases had known etiology associated with the new coronavirus infection.

Data emphasize the necessity for a well-structured, uniform platform and diagnosis formulation for MDT-s.

Keywords: interstitial lung disease, multidisciplinary team, HRCT, diagnostic confidence, uniformed diagnosis formulation