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Abstract Book



P-04-37

Ineffectual process concerning the initiation of enteral tube feeding in acute pancreatitis. a prospective, international, multicentre cohort analysis of 1088 cases.

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Abstract

Background: Enteral feeding (EF) is recommended in the severe or predicted severe forms of acute pancreatitis (AP) to reduce mortality. We aimed to investigate the factors leading to initiating EF in the acute phase (first three days of hospitalization) and the associations between EF and the disease outcome.

Methods: 1429 prospectively collected cases from 31 centres and 12 countries were included in the analysis. EF and Non-EF patient groups were formed concerning tube feeding in the first three days of the hospital stay. We investigated the associations between pancreatic and inflammatory laboratory parameters (amylase, lipase, CRP, WBC, LDH), imaging alterations (necrosis, fluid collections, etc.), and clinical symptoms influencing the initiation of EF (abdominal pain, vomiting, etc.). We used Fisher's exact test for categorical variables and the Mann-Whitney U test for not normally distributed continuous variables. A p-value <0.05 indicates a statistically significant difference.

Results: EF was applied during hospitalization in 30%, 41%, and 55% of mild, moderately severe, and severe cases, respectively. Significantly higher WBC ($p=0.042$, $p=0.019$, $p=0.002$ on D1, D2, and D3), CRP ($p<0.001$ on D3), and LDH ($p=0.004$, $p=0.036$ on D1 and D3) were detected in the EF group before nutritional support compared to the non-EF cases. The frequency of necrosis, pseudocyst, abdominal fluid collection (all with $p<0.004$), and the intensity of abdominal pain ($p<0.001$) were also significantly higher in the EF group before nutrition initiation. The overall mortality in this cohort was 2.8%. Notably, the mortality in the non-EF severe group was 10% higher than in the EF severe group (38% vs. 28%, $p=0.384$).

Conclusion: All parameters influencing the EF initiation here are not part of the current guidelines. In conclusion, decision-making mechanisms for initiating EF rely on personal preferences; therefore, there is still a substantial proportion of patients with severe AP without EF (45%). Since EF is cost-effective and has a very low complication rate if applied correctly, it should be introduced to all AP cases regardless of laboratory parameters and imaging findings.

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Metabolic-associated fatty liver disease is associated with more severe acute pancreatitis: a prospective cohort analysis of 2053 cases

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