

Early ERCP Within 48 Hours for Patients With Acute Cholangitis Due To Distal Malignant Biliary Obstruction Improves Clinical Outcomes

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Disclosures

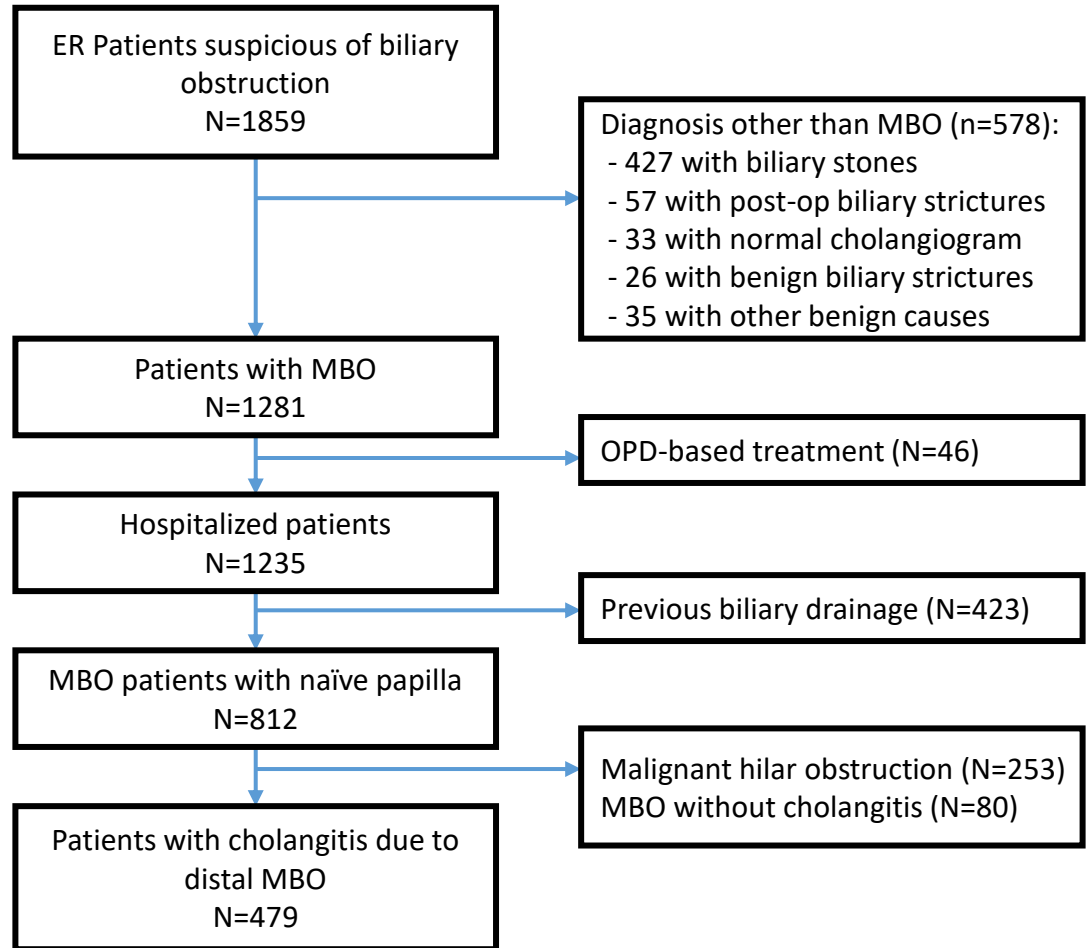
- Nothing to disclose

Background / Aims

- Acute cholangitis is a **potentially life-threatening condition** usually caused by infection of the biliary system, combined with biliary stasis
- **Early ERCP** in patients with moderate to severe cholangitis is recommended in Tokyo Guideline
- Patients with **biliary stones and those with MBO show different clinical courses** and prognosis.
- The purpose of this study was to evaluate the outcomes of early ERCP in patients with acute cholangitis due to distal MBO.

Methods

- From Jan 2005 to Jun 2018, 1859 patients were analyzed
- A total 479 patients with cholangitis due to distal MBO were included



Methods

- **Early ERCP:** ERCP performed within 48 hours after ER arrival
- **Primary outcome**
 - 30-day mortality
- **Secondary outcomes**
 - Hospital stay
 - Post-procedural complications: PEP, bleeding, perforation
- **Death data**
 - collected from the DB of the Korean Ministry of the Interior and Safety

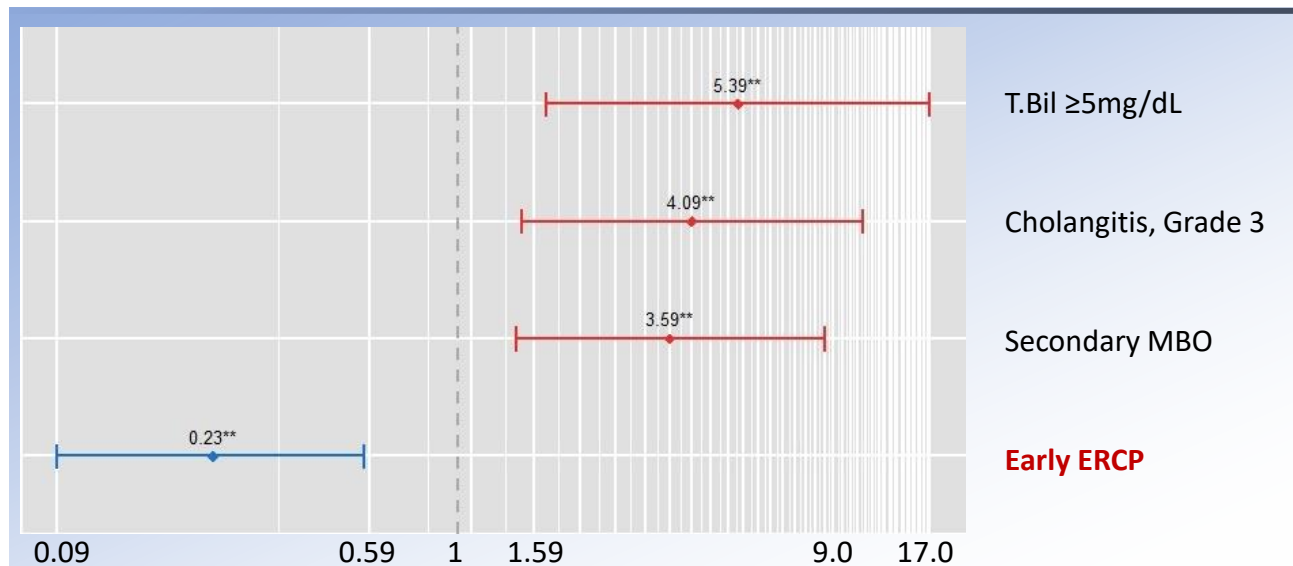
Results

- Successful ERCP drainage: 83.1% (398/479)
- 30-day mortality were significantly lower in early ERCP group
 - 3.3% vs. 11.8% (P=0.002)
- No significant difference in post-procedural complications
 - PEP: 4.6% vs. 5.9% (P=0.815)
 - Bleeding: 2.3% vs. 1.2% (P=0.818)
 - Perforation: 0.3% vs. 2.4% (P=0.142)

Results

- Multivariable analysis

- Early ERCP: only modifiable factor
- Secondary MBO, severity of cholangitis, initial total bilirubin
 - ✓ Factors related to 30-day mortality



Conclusions

- In patients with acute cholangitis due to distal MBO, **ERCP timing, hyperbilirubinemia, the severity of cholangitis and metastatic cancer** are associated with 30-day mortality
- **Early ERCP is the only factor that is modifiable**
- There is no significant differences in procedure-related complications between early ERCP and elective ERCP groups