Diabetes, Endocrinology, and Metabolism Abstract Department of Medicine Research Symposium

Prophylactic Pancreatic Stent Placement to Prevent Post-ERCP Pancreatitis: A Systematic Review and Meta-analysis

Wasef Sayeh; MD¹, Sudheer Dhoop; MD¹, Sahithi Chinnam; DO¹, Rayna Patel; MD¹, Azizullah Beran; MD², Sami Ghazaleh; MD³, Sara Stanley; DO³, Yaseen Alastal; MD³

¹Division of Internal Medicine, Department of Medicine, The University of Toledo,

Toledo, OH 43614 ²Division of Gastroenterology, Indiana University, Indiana, United States ³Division of Gastroenterology, Department of Medicine, The University of Toledo,

Toledo, OH 43614

*Corresponding author: wasef.sayeh@utoledo.edu

Keywords: ERCP, Pancreatitis, Pancreatic Stent,

Published: 14 December 2023

Introduction: Post-ERCP pancreatitis (PEP) is considered a common complication that can sometimes be fatal. Studies showed that the incidence of PEP averages around 9.7% with a 0.7% mortality rate. Many strategies were presumed to prevent PEP including periprocedural aggressive hydration with Intravenous fluids, the periprocedural administration of non-steroidal anti-inflammatory medications (NSAIDS), or pancreatic duct stent placement. We conducted a meta-analysis to study the effectiveness of the prophylactic placement of a stent in the pancreatic duct in the prevention of PEP.

Methods: We performed a comprehensive search of the databases: PubMed/MEDLINE, Embase, and the Cochrane Central Register of Controlled Trials from inception through May 15th, 2023. We considered randomized controlled trials. The primary outcome was the occurrence of PEP. Also, we did a subgroup analysis based on the severity of PEP. The random-effects model was used to calculate the risk ratios (RR) and 95% confidence intervals (CI). A p value <0.05 was considered statistically significant. Heterogeneity was assessed using the Higgins I2 index.

Results: Fifteen randomized controlled trials involving 1,850 patients were included in the metaanalysis. All studies compared the occurrence of PEP which was significantly lower in the pancreatic stent placement group (5.9% vs 16.8%, RR 0.40, 95% CI 0.30-0.54, p<0.001, I2 = 0%). Subgroup analysis based on the severity of PEP showed that prophylactic pancreatic stent placement was associated with lower occurrence of mild-moderate PEP (5.6% vs 13.9%, RR 0.46, 95% CI 0.34-.064, p <0.001, I2 = 0%). Also, prophylactic pancreatic stent placement significantly lowered the occurrence of severe PEP (0% vs 1.6%, RR 0.26, 95% CI 0.09-0.76, p =0.01, I2 =0%).

Discussion: Our meta-analysis demonstrated that the prophylactic placement of a stent in the pancreatic duct decreases the occurrence of PEP. It was especially helpful in significantly lowering the occurrence of severe PEP.