

Introduction

- Pancreatic necrosis complicates about 20% of acute pancreatitis cases, and 30-40% of those become infected
- Current guidelines recommend that invasive intervention for pancreatic necrosis should be delayed to 4 or more weeks from disease onset

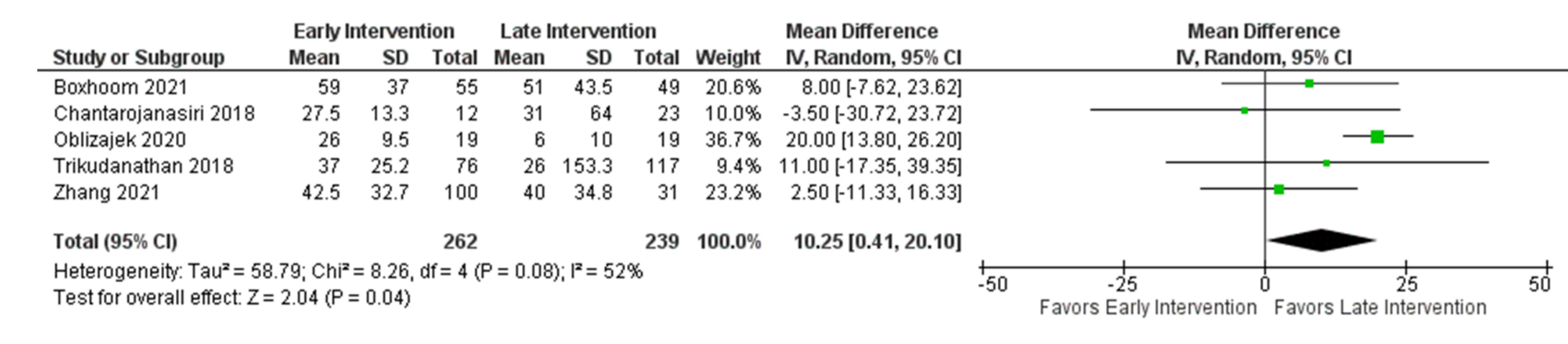
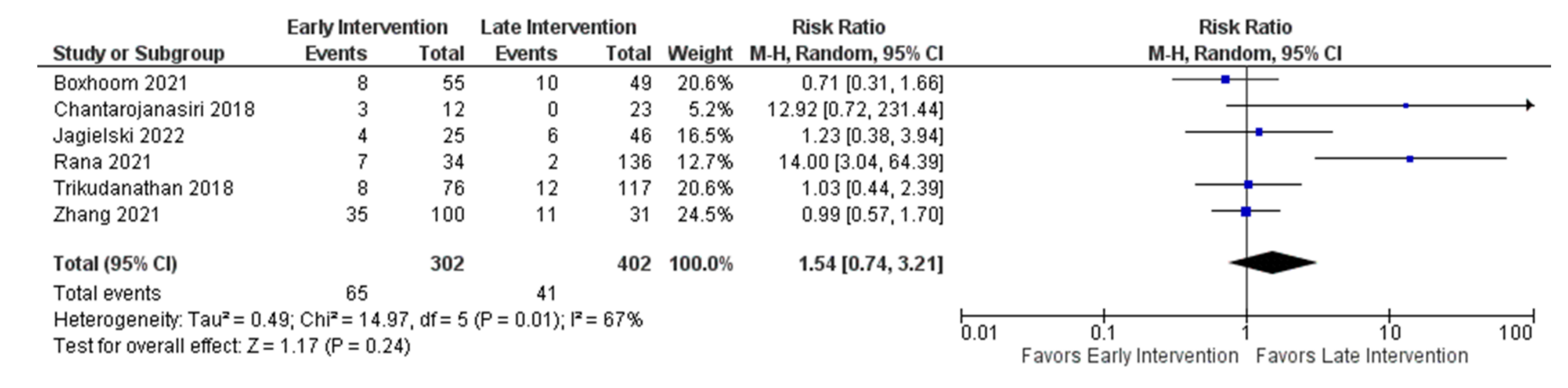
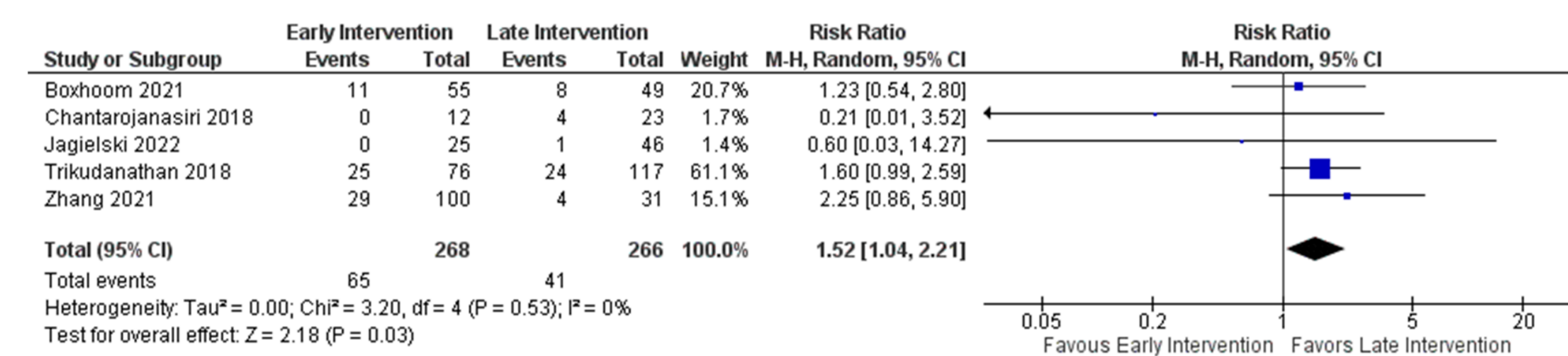
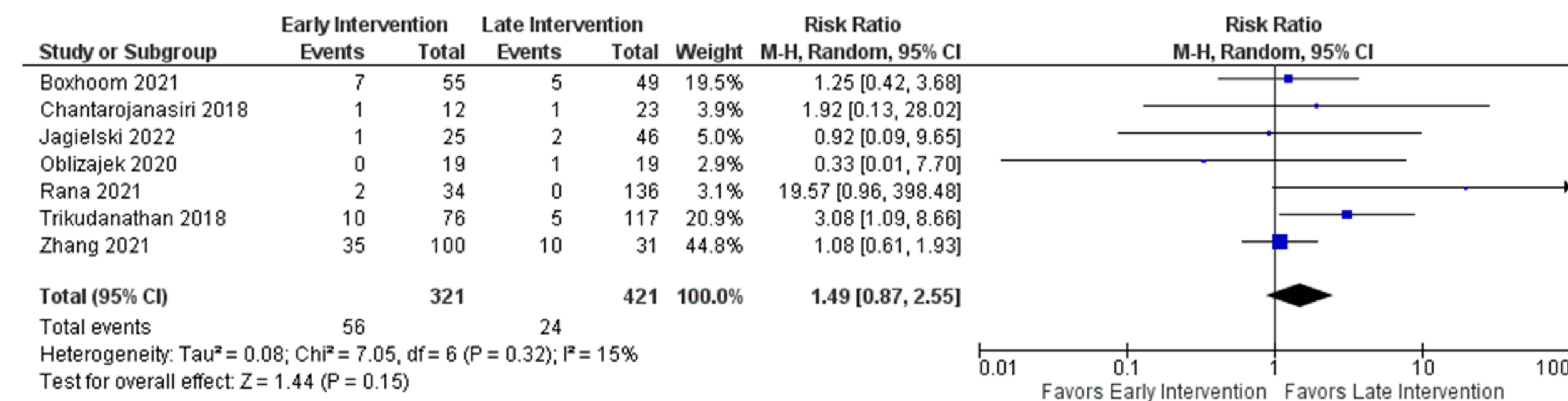
Methods

- Comprehensive search in the literature for studies that evaluated early vs. delayed minimally invasive intervention for infected pancreatic necrosis
- Searched the databases of PubMed/MEDLINE and Embase from inception until April 11, 2022
- Early intervention was within 4 weeks of acute pancreatitis onset, while delayed intervention was after 4 weeks
- Outcomes were mortality, gastrointestinal fistula or perforation, bleeding, and length of hospital stay
- Random-effects model was used to calculate the mean differences (MD), risk ratios (RR), and confidence intervals (CI)

Results and Discussion

- 7 studies were included with a total of 742 patients
- Timing of intervention had no effect on mortality or bleeding in infected pancreatic necrosis
- Early intervention resulted in higher risk of gastrointestinal fistula or perforation and longer length of hospital stay
- Further randomized controlled trials are needed to confirm our findings

Forest Plots



References

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