

# EARLY CHOLECYSTECTOMY IMPROVES CLINICAL OUTCOMES IN ACUTE BILIARY PANCREATITIS PATIENTS ACROSS ALL AGE GROUPS: A MULTICENTER RETROSPECTIVE STUDY

Ritu R Singh, MD<sup>1</sup>, Waseem Amjad, MD<sup>2</sup>, Nikhil A Kumta<sup>3</sup> 1. Johns Hopkins University School of Public Health, Baltimore, MD, United States 2. Albany Medical Center, Albany, New York, NY, United States 3. Icahn School of Medicine at Mount Sinai, New York, NY, United States

## BACKGROUND

- Cholecystectomy is recommended early in patients with act biliary pancreatitis (ABP) to prevent recurrence.
- Elderly patients have higher incidence of the disease and ar risk of worse outcomes; however, this cohort has not been studied adequately.

### AIM

To study the outcomes of patients who undergo early cholecystectomy versus those who do not

# METHODS

- A retrospective cohort study utilizing TriNetX (Cambridge, Marchaeter) "a global federated health research network"
- Adults (≥18 years) with ABP were identified using appropriat CM codes and divided into two groups, younger (<70 years) older (≥70 years) patients
- Within each group, cohort of patients who had early cholecy (within 2 weeks) and those who did not compared
- The primary outcomes were 90-day mortality and 90-day rehospitalization
- Propensity score matching (1:1) was performed to match for demographic characteristics and common morbidities

Demographics		Mean	(± SD)	Number of	patients (%)	Р
	Early	Chole	No early chole	Early Chole	No early chole	
Age (years)	54.9 (	±19.2)	61.4 (±18.5)	13,624 (100)	16,516 (100)	<0.00
Female				8,580 (62.9)	9,090 (55.0)	<0.00
Race	Nhite			10,192 (74.8)	11,987 (72.6)	<0.00
E	Black			1,349 (9.9)	1,822 (11.0)	0.001
Diabetes mellitu	S			2,452 (18.0)	3,397 (20.6)	<0.00
Obesity				3,998 (28.6)	2,850 (17.3)	<0.0(
Chronic kidney	disease			1,062 (7.8)	1,790 (10.8)	<0.0
Ischemic heart o	disease			1,642 (12.1)	2,477 (15.0)	<0.0
Heart failure				864 (6.3)	1,543 (9.3)	<0.0(
Chronic pulmon	ary disease			2,072 (15.2)	2,557 (15.5)	0.51
Liver cirrhosis				209 (1.5)	671 (4.1)	<0.00
Necrotizing pan	creatitis					
SD standard deviation, N numb	per of patients			86 (0.7)	186 (1.6)	<0.00
SD standard deviation, N number of the standard deviation, N numbe	ber of patients	ger (<70	) years) Patie	86 (0.7)	186 (1.6) Ite Biliary Pa	<0.00
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- elderly patients underwent early cholecystectomy
- had lower 90-day mortality.
- cholecystectomy (p<.001)
- cholangitis (OR 0.60, p<0.001)

acute biliary pancreatitis

• Our findings emphasize the importance of performing



## RESULTS

- 30,062 adult (9,728 elderly) patients with ABP were identified of whom 13,574
- (45%) underwent early cholecystectomy
- 49% younger (<70) underwent early cholecystectomy, while 36% of the
- After propensity score matching, both younger (odds ratio, OR 0.16, p<0.001)
- and older (OR 0.26, p<0.001) patients who underwent early cholecystectomy
- 90-day rehospitalization was lower in both cohorts who underwent early
- Patients in the early cholecystectomy group were at lower risk of acute

### DISCUSSION

- Early cholecystectomy reduces short-term mortality and
  - hospital readmission in both younger and older patients with
- cholecystectomy during the same hospitalization for acute
- biliary pancreatitis in all patients, including older adults