

Post endoscopic retrograde cholangio-pancreaticography (ERCP) pancreatitis

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Abstract:

Introduction and aim:

In several studies non-steroidal anti inflammatory drugs (NSAIDs) shown to reduce post endoscopic retrograde cholangio-pancreaticography (ERCP) pancreatitis incidence and severity. Our aim is to study the effect of NSAIDs in reducing both incidence and severity of post ERCP pancreatitis (PEP).

Patients and methods:

A double blind placebo controlled study was conducted on patients who had ERCP at Specialized Arab Hospital (SAH), collected over 5 months, from Nov to Mar 2012- 2013 . Patients were randomized by an endoscopy nurse to receive IM Diclofenac 75 mg, or IM isotonic saline 3 ml as placebo, 12 hours after completing the procedure. All patients were evaluated for abdominal pain and serum amylase.

Results:

The total number of patients was 121 patients, 11 patients were excluded, 110 patients completed the study; Diclofenac group (56 patients) and placebo (54 patients). The two groups were comparable for the following: age, sex, ERCP finding, pancreatic duct cannulation, failure of common bile duct (CBD) cannulation, number of pancreatic duct cannulation, ERCP time, sphincterotomy, and stenting. The overall incidence of pancreatitis was 10% (11/110), 7% (4/56) for the diclofenac group and 13% (7/54) for the placebo group. There was no significant difference in the incidence of pancreatitis between the two groups; the P value was 0.31. In the subgroup analysis, the frequency of pancreatitis in the patients with pancreatic duct cannulation ≥ 3 times was significantly lower in the diclofenac group than in the control group (P value = 0.014) In all the cases in which pancreatitis occurs, it was mild or moderate; there was no severe pancreatitis among the two groups.

Conclusion:

Intramuscular diclofenac lowered PEP rate in the patients with repeated cannulation of pancreatic duct which carried high risk of PEP.

Key word: diclofenac, ERCP and pancreatitis