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BURDEN AND IMPACT OF INFECTIONS IN ACUTE PANCREATITIS: INSIGHTS FROM NATIONAL INPATIENT SAMPLE

Society: AGA**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Anmol Singh¹, Carol Singh², Tanisha Sehgal², Vikash Kumar³, Aalam Sohal³, Jonathan Schneider¹

1. TriStar Centennial Medical Center, Nashville, TN, United States. 2. Dayanand Medical College and Hospital, Ludhiana, Punjab, India. 3. Creighton University School of Medicine, Phoenix, AZ, United States.

Introduction:

Acute pancreatitis (AP) is an inflammatory disease with a high variability in severity. The activation of the inflammatory cascade can lead to disruption of the intestinal barrier and displacement of intestinal flora, increasing the risk of infections. Systemic infections such as bacteremia, pneumonia, or urinary tract infection have been reported to occur in patients with AP. In this study, we aim to analyze the prevalence and impact of infectious complications on hospital outcomes in patients admitted with acute pancreatitis.

Methods:

The National Inpatient Sample Database (NIS) 2016-2020 was used to identify adult patients developing acute pancreatitis using ICD-10 codes. Patients with missing demographics or mortality were excluded from the analysis. All patients were divided into two groups based on the presence of infection. Data was collected on patient demographics, etiology of acute pancreatitis, underlying comorbidities, and outcomes. The outcomes studied include in-hospital mortality, sepsis, shock, acute kidney injury (AKI), intensive care unit (ICU) stay, deep vein thrombosis (DVT), pulmonary embolism (PE), portal vein thrombosis (PVT) and ileus. Multivariate logistic/linear regression analysis was used to assess the impact of infections on patients with acute pancreatitis.

Results:

Of the total 1,791,794 patients included in the analysis, 284,855 (15.9%) developed infectious complications. A majority of patients developing infectious complications were > 65 years old (41%), females (58.5%), White (65.3%), and had Medicare insurance (46.3%). UTI (51.2%), pneumonia (29.3%), and cholangitis (14.3%) were the most common infections in patients with AP. There was a higher incidence of in-hospital mortality (6.3% vs. 1.5%), sepsis (7.4% vs 4%), shock (13.6% vs. 2.5%), AKI (36.5% vs. 15.8%), ICU stay (14.1% vs. 2.9%), DVT (2.6% vs 0.7%), PE (1.3% vs. 0.4%), PVT (1.4% vs. 0.9%) and ileus (6.1% vs. 3.1%) in patients with infections than those who did not (**Figure 1**). After adjusting for confounding factors, patients in the infectious complications group had higher odds of in-hospital, sepsis, shock, AKI, ICU stay, PE, DVT, PVT, and ileus (**Table 1**). There was also a longer length of stay (adj. coeff- 3.26 days, 95% CI-3.15-3.37, p<0.001) and higher hospitalization charges (adj. coeff-\$47,381.63, 95% CI-\$45,133.47-\$49,629.79, p<0.001) in patients with infections.

Discussion:

Infections significantly increase the incidence of complications and lead to worse outcomes in patients with AP. The focus should be placed on the detection and management of these, if patients with AP develop clinical symptoms of suspected infection.

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Dr. Anmol Singh

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