

Oral Presentations

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O001 SARS-CoV-2 pandemic has impacted on patterns of aetiology for acute pancreatitis and management of gallstone pancreatitis in the United Kingdom

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Introduction: The impact of the SARS-CoV-2 pandemic on patterns of aetiology of acute pancreatitis (AP) and management of AP in the UK is unknown.

Methods: A prospective multicentre cohort study of consecutive patients admitted with AP between 01/03/2020 and 23/07/2020 was undertaken. Patients were followed up for 12 months.

Results: 1628 patients presenting with AP were included in the analysis. Gallstones (GSP) were the predominant aetiology (43.6%), followed by alcohol associated (25.8) and idiopathic (21.5%) AP. After completing aetiological investigations, 14.4% of the idiopathic cohort remained to have an idiopathic aetiology. 113/187 patients were readmitted during the 'second wave' of SARS-CoV-2 pandemic (after September 2020) with predominantly alcohol-related AP aetiology (49, 43.3%). Patients readmitted during the 'second wave', more commonly had alcoholic AP compared to the index cohort (43.4% vs 23.5% respectively; $p < 0.001$); however, there were no significant differences in AP severity ($p = 0.268$). Of the 1358 patients with complete follow-up data, 620 (45.7%) presented with GSP of which only 66 (10.6%) underwent index cholecystectomy and 108 (17.4%) had an interval cholecystectomy with median waiting time of 32 days (IQR 16–56). Accounting for 44/456 patients with previous cholecystectomies, and 24 patients deemed unfit for cholecystectomy, the remaining 388 (77.3%) were still awaiting cholecystectomy at the end of 12 months.

Conclusion: The patterns of aetiology for AP changed during the SARS-CoV-2 pandemic with an increase in alcohol associated AP. Most significantly, access to cholecystectomy was restricted during the pandemic and readmission to hospital may have been driven by the need for cholecystectomy.

Take-home message: The patterns of aetiology for AP changed during the SARS-CoV-2 pandemic with an increase in alcohol associated AP. Most significantly, access to cholecystectomy was restricted during the pandemic and readmission to hospital may have been driven by the need for cholecystectomy.