

The incidence of recurrent acute pancreatitis and chronic pancreatitis after acute pancreatitis:



A systematic review and meta-analysis

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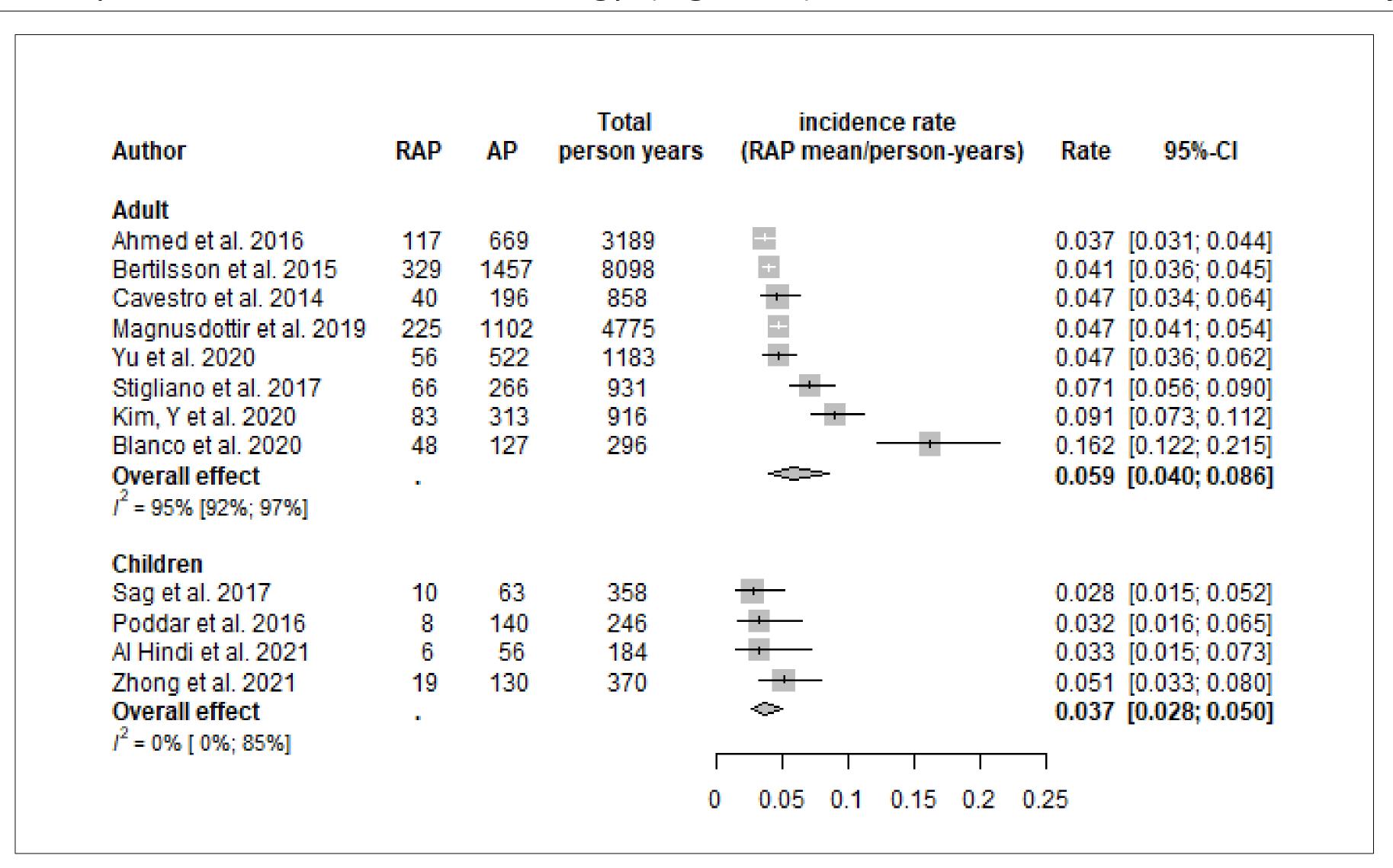
Background: The incidence of acute pancreatitis (AP) ranges from 13 to 45 per 100,000 person-years | Methods: Our protocol was prospectively registered on PROSPERO while the incidence of chronic pancreatitis (CP) is slightly lower, it ranges from 5 to 12 per 100,000 (CRD42021283252). person-years. The AP's continued recurrence can lead to CP, which is currently an incurable disease. The systematic search was conducted in three major databases However, how frequent can patients develop RAP and CP after AP is still unknown.

Aim: Our systematic review and meta-analysis aimed to assess the incidence of RAP after the first AP criteria: all articles that reported on the follow-up of patients diagnosed and the incidence of CP after the first and recurrent episodes of AP in the adult and children with acute pancreatitis (defined by the Revised Atlanta Classification) population.

Results: RAP: Out of the 9382 articles, 20 were eligible for the quantitative synthesis. Our results overally and based on the etiology and severity after the first episode of showed, that the incidence rate of RAP in adult patients after the first episode of AP was 0.059 AP, while CP was evaluated after one RAP episode as well. Statistical person-years (CI: 0.040 to 0.086; I²=95%), while in children it was 0.037 person-years (CI: 0.028 to methods: a random-effect model was used to calculate the pooled 0.050; I²=0%) (Figure 1.). The highest incidence rate of RAP by etiology was in hypertriglyceridemia incidence rates (IR) with 95% confidence intervals (CI). Heterogeneity induced acute pancreatitis patients (IR: 0.081 person-years; CI: 0.057 to 0.116; I²=36%) (Figure 2.). was analyzed with the I² and the Cochrane Q tests. The risk of bias Patients with moderate acute pancreatitis had the highest incidence rate of RAP in terms of severity assessment was carried out with the Joanna Briggs Institute Critical (IR: 0.076 person-years; CI: 0.046 to 0.123; I^2 =88%). (**Figure 3.**)

(MEDLINE, CENTRAL, EMBASE) on the 18th of October, 2021. Inclusion were eligible. Our outcomes, the incidence of RAP and CP was assessed **Appraisal Tool.**

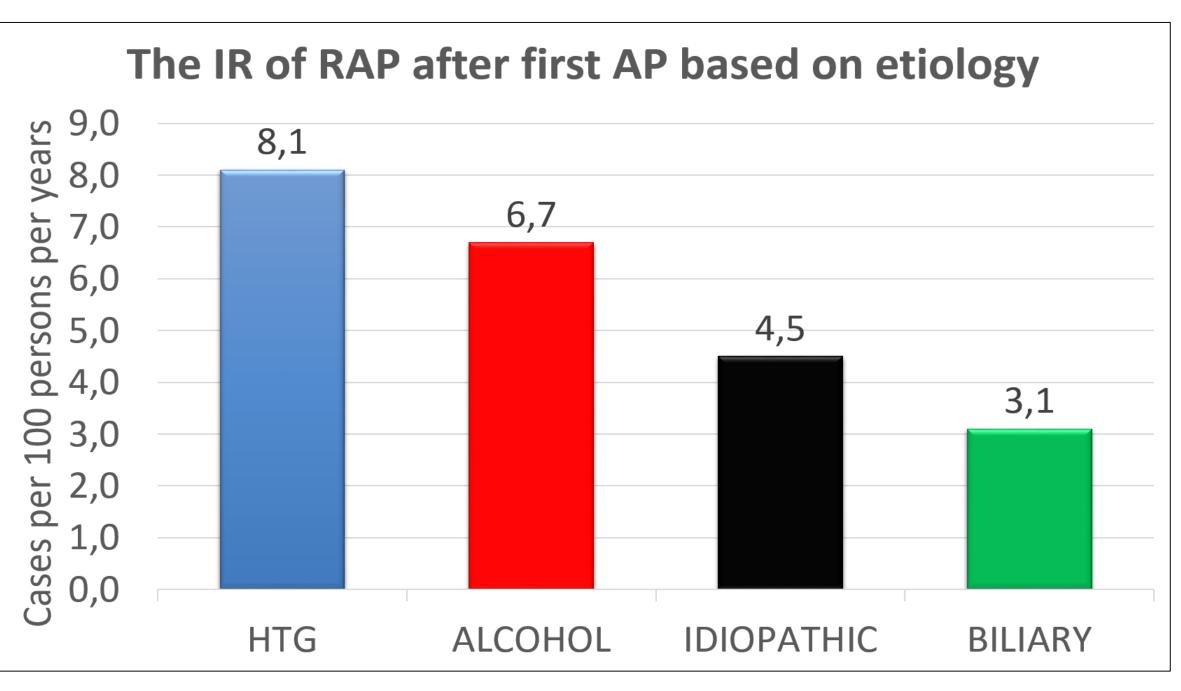
<u>CP:</u> Regarding CP, our findigs showed that the incidence rate of CP after the first episode of AP was 0.013 person-years (CI: 0.009 to 0.02; I²=80%) while after the first RAP was 0.039 person-years (CI: 0.024 to 0.064, I^2 =83%) (Figure 4.). The highest CP incidence rate (IR: 0.025 person-years; CI: 0.016 to 0.04; I^2 =57%) was observed in patients with acute pancreatitis of alcoholic etiology. (Figure 5.). The risk of bias was low in the majority of the included studies.

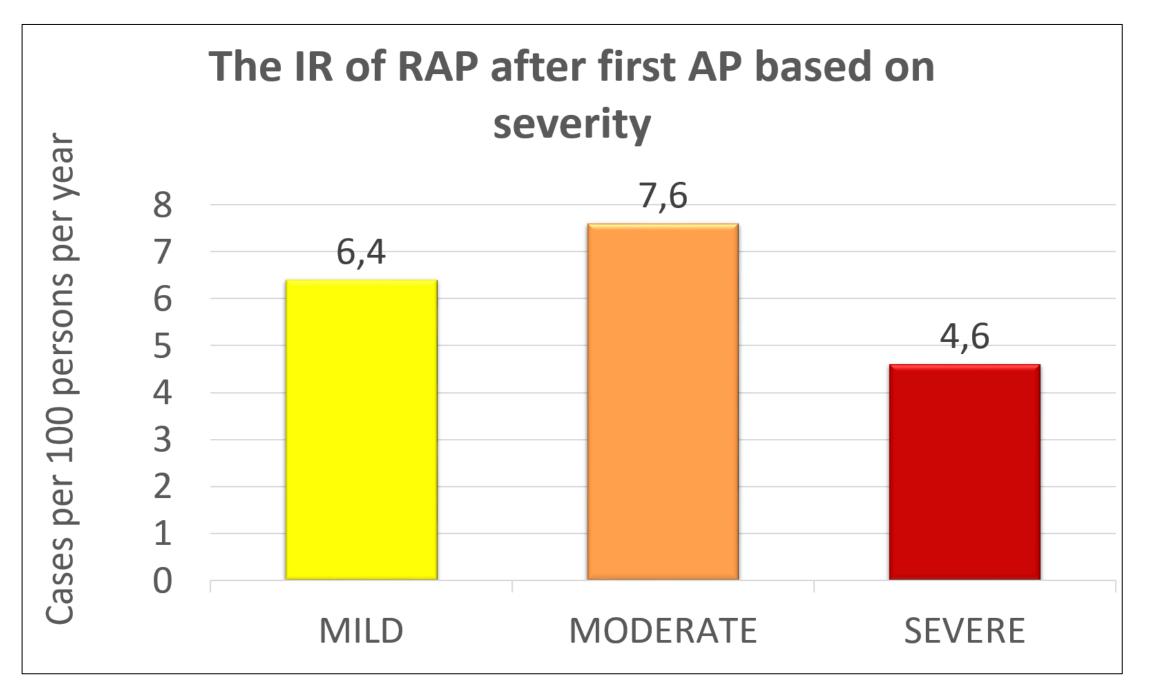


Total incidence rate Author (CP mean/person-years) 95%-CI First AP 4775 Magnusdottir et al. 2019 1102 0.008 [0.006; 0.011] 8098 Bertilsson et al. 2015 1457 0.010 [0.008; 0.012] 858 196 Cavestro et al. 2014 0.015 [0.009; 0.026] 51 669 3189 0.016 [0.012; 0.021] Ahmed et al. 2016 313 916 Kim, Y et al. 2020 0.016 [0.010; 0.027] Stigliano et al. 2017 22 0.024 [0.016; 0.036] Overall effect 0.013 [0.009; 0.020] /^{*} = 80% [56%; 91%] RAP Stigliano et al. 2017 231 0.026 [0.012; 0.058] 66 225 975 30 0.031 [0.022; 0.044] Magnusdottir et al. 2019 117 Ahmed et al. 2016 0.066 [0.048; 0.092] Overall effect 0.039 [0.024; 0.064] l² = 83% [48%; 94%] 0 0.02 0.04 0.06 0.08 0.1

Figure 1. Two forest plots showing the pooled incidence rates of RAP in adults and children after a first episode of AP

Figure 4. Two forest plots showing the pooled incidence rates of CP in adult patients after a first episode of AP and after one RAP





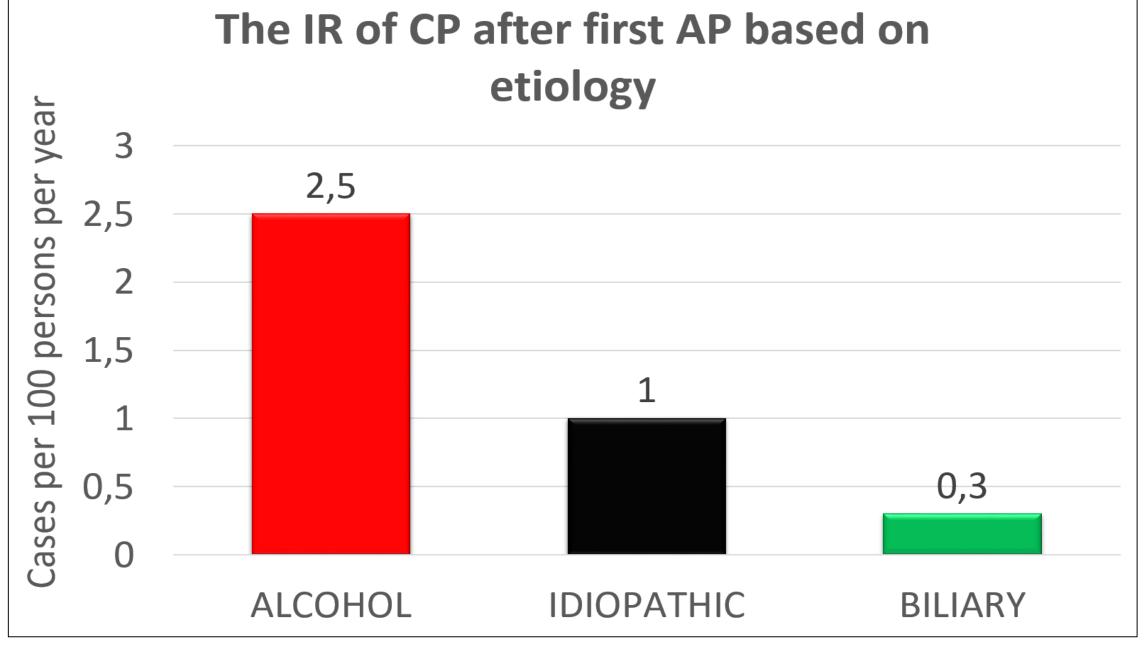


Figure 2. RAP etiology

Figure 3. RAP severity

Figure 5. CP etiology

Conclusions: Our results showed that recurrent acute pancreatitis affects a large proportion of adult and pediatric patients. Compared to patients with the first episode of AP, RAP lead threefold higher incidence rate for developing CP

