

One Episode of Acute Pancreatitis is Just the Beginning: the Incidence of Recurrent Acute and Chronic Pancreatitis. A Systematic Review and Meta-analysis

Authors: Endre - Botond Gagyi^{1,2}, Brigitta Teutsch^{1,3} Dániel Sándor Veres^{1,4}, Dániel Pálinkás^{1,5}, Nóra Vörhendi^{1,3}, Klementina Ocskay^{1,3}, Katalin Márta^{1,6}, Péter Jenő Hegyi^{1,3,6}, Péter Hegyi^{1,3,6}, Bálint Erőss^{1,3,6}; Affiliations: 1. Center for Translational Medicine, Semmelweis University, Budapest, Hungary; 2. Selye János Doctoral College for Advanced Studies, Semmelweis University, Budapest, Hungary; 3. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 4. Department of Biophysics and Radiation Biology, Semmelweis University, Budapest, Hungary; 5. Department of Gastroenterology, Military Hospital Medical Centre, Hungarian Defense Forces, Budapest, Hungary; 6. Institute for Pancreatic Diseases, Semmelweis University, Budapest, Hungary

Introduction: Acute pancreatitis (AP) has a high incidence, and patients can develop recurrent acute pancreatitis (RAP) and chronic pancreatitis (CP) after AP.

Aim: We aimed to estimate the pooled incidence rates (IR), cumulative incidences, and RAP and CP proportions after AP.

Methods: Our protocol was registered on PROSPERO (CRD42021283252). The systematic search was conducted in three (Medline, Embase, Cochrane) databases on October 25th, 2022. Articles reporting the proportion of RAP or CP in patients after the first and multiple episodes of AP were eligible. The random effects model was used to calculate the pooled IR with 95% confidence intervals (CI). The I² value assessed heterogeneity. The risk of bias assessment was conducted with the Joanna Briggs Institute Critical Appraisal Tool.

Results: We included 106 articles in the quantitative synthesis and 26 in the IRs calculations **(Figure 1.)**. Our results showed that the IR of RAP in adult patients after AP was 5.5 per 100 person-years (CI: 4.1 to 7.3; I²=93%), while in children, it was 3.7 per 100 person-years (CI: 2.8 to 5.0; I²=0%) **(Figure 2.)**. We also found that the IR of CP after AP was 1.4 per 100 person-years (CI: 0.9 to 2; I²=75%), while after RAP, it increased to 4.3 per 100 person-years (CI: 3.1 to 6.0, I²=76%) **(Figure 3.)**. All the other results can be seen in **Table 1.** The risk of bias was moderate in the majority of the included studies.

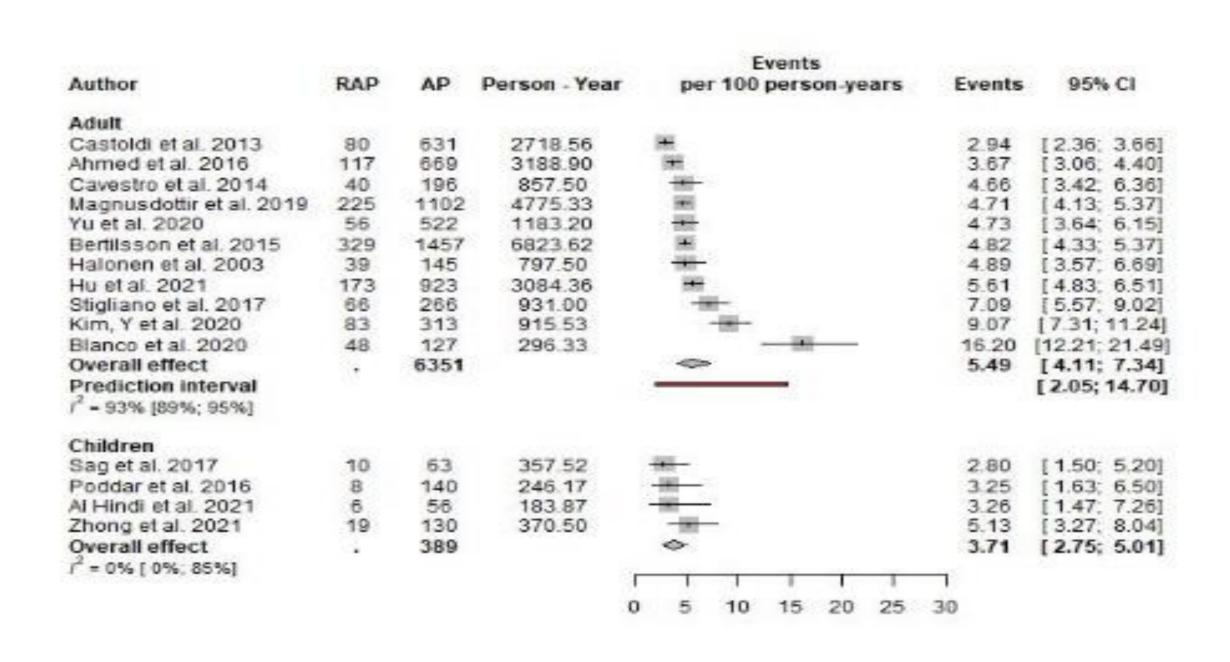


Figure 2. Forest plots showing the incidence rates of recurrent acute pancreatitis in adults and children; RAP, recurrent acute pancreatitis; AP, acute pancreatitis; CI, confidence interval; I², Higgins, and Thompson I² statistics;

	Events							
Author	CP	AP	Person - Year	per 100 person-years	Events	95% CI		
First AP								
Magnusdottir et al. 2019	40	1102	4775.33		0.84	[0.61; 1.14]		
Bertilsson et al. 2015	79	1457	6823.62	(A)	1.16	[0.93; 1.44]		
Cavestro et al. 2014	13	196	857.50	200	1.52	[0.88; 2.61]		
Ahmed et al. 2016	51	669	3188.90	*	1.60	[1.22; 2.10]		
Kim, Y et al. 2020	15	313	915.53	- 181	1.64	[0.99; 2.72]		
Stigliano et al. 2017	22	266	931.00	100	2.36	[1.56; 3.59]		
Overall effect		4003		•	1.38	[0.97; 1.96]		
Prediction interval						[0.60; 3.19]		
/ ² = 75% [43%; 89%]								
RAP								
Stigliano et al. 2017	6	66	231.00	-96	2.60	[1.17; 5.78]		
Magnusdottir et al. 2019	30	225	975.00	-101	3.08	[2.15; 4.40]		
Bertilsson et al. 2015	58	329	1540.82	-98	3.76	[2.91; 4.87]		
Ahmed et al. 2016	37	117	557.70		6.63	[4.81; 9.16]		
Cavestro et al. 2014	13	40	175.00	- 8	7.43	[4.31; 12.79]		
Overall effect		777		-	4.31	[3.10; 5.99]		
Prediction interval						[1.43; 13.02]		
/2 = 76% [42%; 90%]								
				0 2 4 6 8 10 12 14	1			

Figure 3. Forest plots showing the incidence rates of chronic pancreatitis after acute pancreatitis and recurrent acute pancreatitis; AP, acute pancreatitis; RAP, recurrent acute pancreatitis; CP, chronic pancreatitis; CI, confidence interval; I², Higgins, and Thompson I² statistics;

Conclusion: Our results showed that RAP affects many patients with AP. Compared to patients with the first AP episode, RAP leads to a threefold higher incidence rate for developing CP.

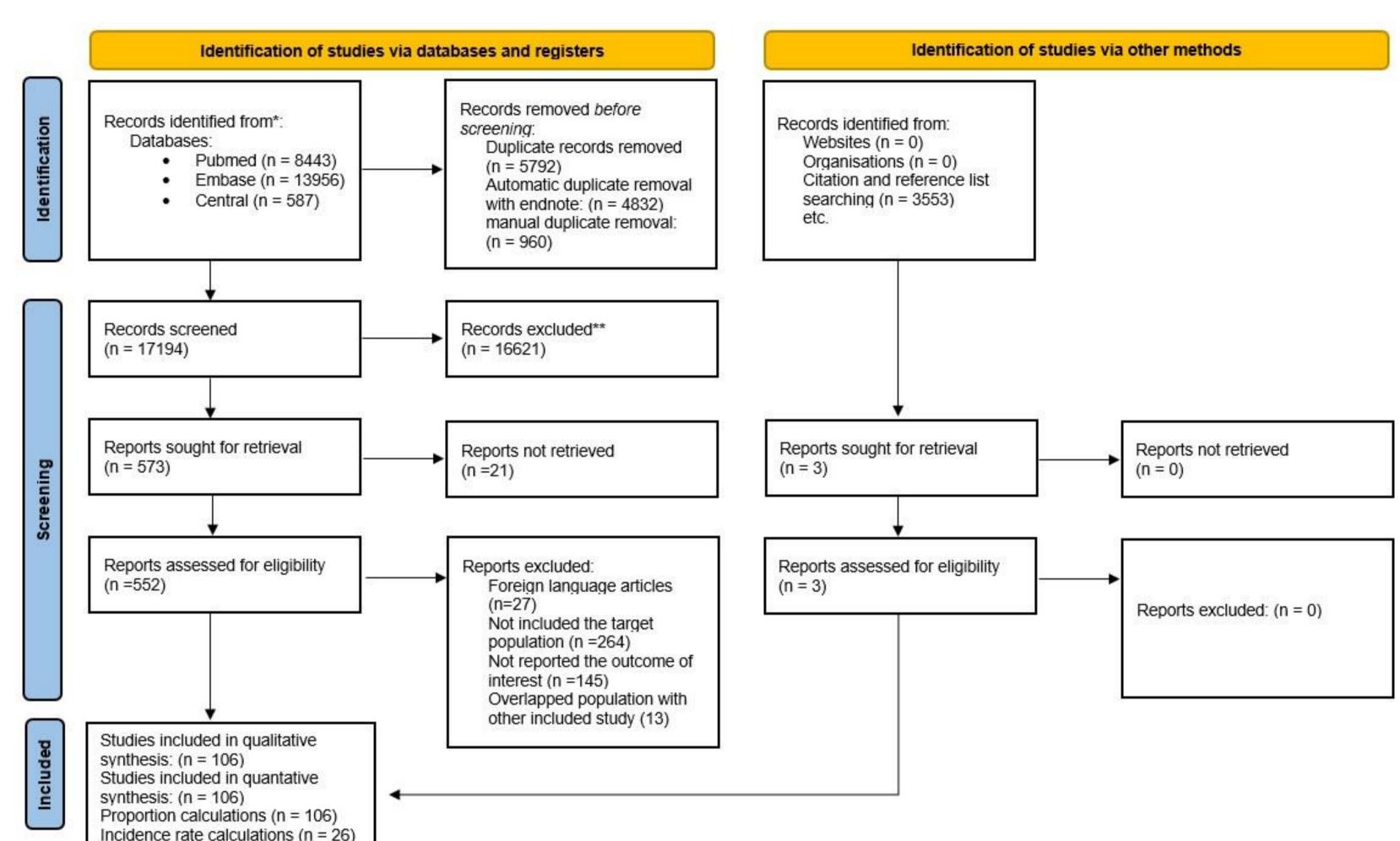


Figure 1. PRISMA FLOWCHART of the included studies in the meta-analysis; PRISMA, Preferred Reporting Items for Systematic Reviews, and Meta-Analyses

Table 1. Summary table with all results of the study

Groups	Outcomes	Incidence rates	Five - year	Proportions (recurrence rates and progression rates)		
		(Events per 100	Cumulative			
		person-years)	incidences	Overall Proportions (%) based on		
				proportions (%) geographical region or etiolog		
Adults with all	RAP	5.49	24%	20%	Europe	23%
etiologies of AP					Asia	17%
	СР	1.38	6.6%	8%	-	-
	CP after RAP	4.31	19.3%	24%	Alcoholic	22%
					Idiopathic	30%
Children with	RAP	3.71	16,9%	20%	-	-
all etiologies of	СР	-	-	7%	-	-
AP						
		Based on the etiol	ogy and the seve	rity of AP in Adults	5	
HTG	RAP	9.65	38.2%	27%	-	-
Alcoholic	RAP	6.62	28.1%	24%	Europe	30%
					Asia	20%
	СР	2.66	12.4%	18%	-	-
Idiopathic	RAP	4.95	21.9%	22%	Europe	24%
					Asia	19%
	СР	1.10	5.3%	7%	-	-
Biliary	RAP	3.03	14%	8%	Europe	7%
					Asia	9%
	СР	0.33	1.6%	2%	-	-
Drug-induced	RAP	-	-	7%	-	-
Mild	RAP	4.85	21.5%	20%	-	-
Moderate	RAP	7.56	31.4%	21%	-	-
Severe	RAP	4.90	21.7%	13%	-	-
	В	ased on the etiolo	gy and the sever	ity of AP in Childre	n	
Idiopathic	RAP	-	-	26%	-	-
Biliary	RAP	-	-	14%	-	-
Mild	RAP	-	-	16%	-	-
Moderate	RAP	-	-	22%	-	-
Severe	RAP		_	79%		

Abbreviations: AP, acute pancreatitis; RAP, recurrent acute pancreatitis; CP, chronic pancreatitis, HTG, hypertriglyceridemia. Each number or percentage in the incidence rate and proportions columns results from a meta-analysis/forest plot. The numbers in the cumulative incidence column were calculated from the incidence rate results. (Cumulative Incidence = $1 - e^{(-IR \times T)}$, where 'e' = 2.71828; e, Euler number; IR, incidence rate; T, 5 years)

