

1 PREVALENCE OF EXOCRINE PANCREATIC INSUFFICIENCY IN PATIENTS WITH CHRONIC PANCREATITIS WITHOUT FOLLOW-UP. PANCREVOL STUDY

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Introduction: Exocrine pancreatic insufficiency (EPI) is an important complication of chronic pancreatitis (CP). Guidelines recommend to rule out EPI in CP, to detect those patients who would benefit from pancreatic enzyme replacement therapy. The aim of this study was to evaluate the prevalence of EPI in patients with CP without follow-up in the last 2 years and to describe their nutritional status and quality of life (QoL).

Methods: This was a cross-sectional Spanish multicenter study. We included patients with CP, without follow-up by a gastroenterologist or surgeon in at least 2 years. The exocrine function was evaluated in these patients. EPI was defined as a fecal elastase (FE) test < 200mcg/g, an easy screening method. For nutritional assessment, laboratory and anthropometric data were obtained. QoL was investigated using the EORTC QLQ-C30 questionnaire

Results: 64 patients from 10 centers were prospectively included. 64.1% patients were tested positive for EPI (FE<200mcg/g) and 45.3 % of them had severe EPI (FE2 vs. 25.7±2.5, p=0.03); glucose (121 [96,189] mg/dl vs. 98 [90,116]; p =0.006); HbA1c 6.6% [6.0,8.4] vs. 5.5 [5.3, 6.0] p=0.0005); Vitamin A (0.44 mg/l [0.35,0.57] vs. 0.53 [0.47,0.63] p=0.048) and Vitamin E (11.2±5.0 mg/ml vs. 14.4±4.3, p=0.03). EPI group showed a worse EORTC QLQ-C30 score on physical (93.3 [66.7,100] vs. 100 [93.3, 100], p=0.048) and cognitive function (100 [83.3,100] vs. 100 [100,100], p=0.04). Regarding other complications of CP apart from EPI, the most frequent were pseudocysts, chronic abdominal pain, biliary obstruction and splenic vein thrombosis.

Conclusions: Prevalence of EPI is high in patients with CP without follow-up. EPI group vs non-EPI group had significant lower BMI, higher levels of glucose, Hba1c, lower of vitamins A, E and a worse QoL. Regular follow up should be attempted.

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