



Contents lists available at ScienceDirect

Asian Journal of Surgery

journal homepage: www.e-asianjournalsurgery.com

Letter to Editor

Immediate versus postponed drainage for infected necrotizing pancreatitis: A systematic review and meta-analysis



Keywords:

Necrotizing pancreatitis
Drainage
Immediate drainage

To the editor,

Acute pancreatitis is the most common gastrointestinal disease worldwide for hospital admission, and infected pancreatic and peripancreatic necrosis is a potentially lethal complication, which always requires intervention at the early stage and has been proven effective in some situations.¹ Given that there is as yet or at present no consensus on the superiority of immediate catheter drainage, we plan to launch this systematic review and meta-analysis to explore whether immediate-catheter drainage improves the survival rate of patients with infected necrotizing pancreatitis compared with postponed-catheter drainage (PROSPERO registration number CRD42021291734).^{2–5}

We will search the randomized controlled trial (RCT) literature and nonrandomized clinical cohort studies of immediate catheter drainage in patients with infected necrotizing pancreatitis in 5 electronic databases, including PubMed, Web of Science, the Cochrane Library, Chinese National Knowledge Infrastructure (CNKI) and Chinese Biomedical Literature Database (CBM). Studies including patients under 18 years of age or pregnant women will be excluded. We will define the overall mortality of patients with infected necrotizing pancreatitis as the primary outcome. Besides, the incidences of bleeding resulting in intervention, perforation of a visceral organ leading to intervention, enterocutaneous fistula, pancreatic cutaneous fistula, incisional hernia and wound infection, the total length of stay, endocrine and exocrine pancreatic insufficiency, and severe complications will be regarded as the secondary outcomes. Quality assessment of the included studies will be independently performed according to Version 2 of the Cochrane tool for assessing the risk of bias in a randomized trial (RoB2) for RCTs and the Non-Randomized Studies-of Interventions (ROBINS-I) Tool for Observational Studies. Meanwhile, the level of evidence for results will be assessed by using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method. All analyses will be conducted by using RevMan (Version 5.4; Cochrane, Oxford, UK).

From our study, we will ascertain whether immediate catheter drainage improves the survival rate of patients with infected

necrotizing pancreatitis compare with postponed catheter drainage. The detailed protocol sees supplementary documents.

1. Foundation

This work was supported by grants from the Key Laboratory of Emergency and Trauma, Ministry of Education Hainan Medical University (No. KLET-202104 to KW), Peking Union Medical Foundation-Rui Yi Emergency Medical Research Fund (No. R2021012 to KW), Health Commission of Sichuan Province (No. 20PJ102 to KW), research and development projects of Sichuan Science and Technology Department (2022YFS0135 to RSQ) and The General Item of Medical Engineering Cross (serial number ZYG-X2021YGLH011 to RSQ) of Sichuan Provincial people's Hospital, University of Electronic Science and Technology of China, the Sichuan Provincial Department of Science and Technology (No. 2020YFS0006 to HJ and No. 2018JY0050 to QZ), Funders play no role on the study design, conduct and manuscript writing.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.asjsur.2022.09.079>.

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<https://doi.org/10.1016/j.asjsur.2022.09.079>

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2011;141(4):1254–1263.

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6 September 2022

Available online 12 October 2022

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