

(CRD42021281548) and was performed in accordance to the PRISMA guidelines.

**Results:** A total of 651 articles were identified from systemic literature search, and 8 articles (involving 454 acute pancreatitis patients that received TEA) were included in the final analysis. Epidural-associated hypotension, with incidences ranging from 0.0–37.5%, were reported in the studies, and all hypotension events were transient and successfully managed by vasopressors or intravenous fluids. There were no reported incidences of epidural-related abscess or hematoma. TEA may improve procalcitonin levels and pancreatic perfusion. Furthermore, TEA may reduce incidences of acute mesenteric ischaemia, acute kidney injury, and mortality in acute pancreatitis. TEA had no impact on loco-regional abdominal complications or septic complications. TEA was effective for pain control in the majority of patients. The included studies had moderate to high risk of bias, and the overall evidence level was low.

**Conclusions:** TEA is a safe and effective analgesic procedure in acute pancreatitis. TEA is also associated with better surrogate markers and clinical outcomes, suggesting potential disease-modifying effects on acute pancreatitis. Nonetheless, the current level of evidence is low, and large-scale high-quality trials are warranted.

### In-hospital patient education markedly reduces alcohol consumption after alcohol-induced acute pancreatitis

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**Introduction:** Acute pancreatitis (AP) is an inflammatory disease that can recur in 20–30% of the cases. Although excessive alcohol consumption is far the most frequent cause of recurrent cases, specific therapy is still not well established to prevent recurrence. Generally, psychological therapy (e.g., brief intervention (BI)) is the cornerstone of cessation programs, however, is not yet widely used in everyday practice.

**Purpose:** Our aim was to investigate the possible effectiveness of in-hospital brief intervention on patients' alcohol consumption 1 month after discharge.

**Materials and methods:** We conducted a post-hoc analysis of a prospectively collected database. Patients suffering from alcohol-induced AP were enrolled between 2016 and 2021. During hospital stay patients received 30-min BI by a physician based on the FRAMES model. Patients reported alcohol consumption, serum gamma-glutamyl-transferase (GGT) level and mean corpuscular volume (MCV) of red blood cells were collected on admission and at the 1-month follow-up visit to monitor patients' drinking habits.

**Results:** Ninety-nine patients with alcohol-induced AP were enrolled in the study (mean age: 50±11, 89% male). A significant decrease was detected both in mean GGT value (294±251 U/L vs 103±113 U/L, p<0.001) and in MCV level (93.7±5.3 U/L vs 92.1±5.1U/L, p<0.001) in patients with elevated on admission GGT levels. Notably, 79% of the patients (78/99) reported alcohol abstinence at the 1-month control visit. Only three recurrent AP cases were observed within the follow-up period.

**Conclusions:** Brief intervention is an effective tool to reduce alcohol consumption and to prevent recurrent AP. Longitudinal randomised clinical studies are needed to identify the adequate structure and frequency of BIs in alcohol-induced AP.

### Safe and effective protocol to discharge patients in acute pancreatitis

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**Introduction:** International guidelines do not provide clear suggestions concerning patient discharge in acute pancreatitis (AP). Therefore, discharge decisions are usually made based on expert opinions leading to huge differences in patient care.

**Purpose:** We 1) conducted an international survey to investigate the existing discharge protocols worldwide in AP and 2) analyzed the clinical outcomes based on the existence of the protocol. As a second part of our study our aim was to develop and testify a protocol which allows physicians to discharge patients safely and as early as possible.

**Materials and methods:** Our discharge protocol was as follows: patient was discharged if 1) CRP level was less than 50mg/l following 24h of oral feeding (OF) or the CRP level continuously decreased following 48h of OF with decreasing se pancreatic enzymes and no abdominal pain.

**Results:** In the international survey from 55 institutions 13789 patientsTs relevant parameters were collected. Based on the result of the survey it clearly visible that centres following a discharge protocol have shorter length of hospitalization (8.55±8.12 vs. 11.81±14.37 days), the patients are discharged with higher CRP value (54.31±61.99 mg/l vs. 49.24±61.95 mg/l) and the rate of the severe cases are much less compared to the centres without any discharge protocol (5% vs. 13%). Our cohort (688 patients of the Hungarian Pancreatic Study Group) analysis showed that discharging patients based on the HPSG protocol led to normalized CRP in 92% of cases within 1 month; however, 35 patients were readmitted. The most common reasons for readmission were biliary infections, recurrent acute exacerbation and in 3 cases, pseudocyst infection. There was no association between the discharge CRP level and higher readmission rate. The average hospital stay was 4 days less compared to an international control group with no discharge protocol (8.2±7.7 vs. 12.9 ±14.6).

**Conclusions:** Adherence to a discharge protocol decreases the length of hospital stay and can lower the rate of severe cases. The above described discharge protocol is safe and effective in AP.

### Early prediction of acute necrotizing pancreatitis by artificial intelligence: A prospective cohort-analysis of 2387 cases

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