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ACUTE PANCREATITIS IN ELDERLY VS NON- ELDERLY- IS IT SAME OF DIFFERENT

Society: AGA**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Pankaj N. Desai¹, Rajiv Mehta¹, Dhvani Adhvaryu¹, Mayank V Kabrawala¹, Subhash Nandwani¹, Apoorva Doshi¹

1. SIDS HOSPITAL & RESEARCH CENTRE, Surat, India.

Background: The role of age in determining the clinical course of acute pancreatitis (AP) remains controversial. This study aimed to compare the clinical outcomes and mortality rates of acute pancreatitis between elderly and non-elderly patients.

Methods: This study included ambispective data from 525 patients diagnosed with acute pancreatitis, hospitalized, and followed until discharge from February 2017 to March 2024. Patients aged 65 years and older were classified as the elderly group. Parameters such as etiology, comorbidities, organ failure, necrosis, hospital stay, and mortality were evaluated in both populations.

Results: The study included 175 elderly patients and 350 non-elderly patients. The cohort consisted of 377 males and 148 females (98:77 in the elderly vs. 279:71 in the non-elderly; $p=0.0001$). Gallstone was the most common cause in the elderly (74.3% vs. 32.6%, $p<0.0001$), while idiopathic (20% vs. 36.3%; $p=0.0013$), alcohol-induced (2.3% vs. 22.8%, $p<0.0001$), and hypertriglyceridemia-induced (1.1% vs. 6.2%, $p=0.0137$) were more prevalent in the non-elderly. The Charlson Comorbidity Index (42.3% vs. 0.2%, $p<0.0001$) and Elixhauser Score (21.7% vs. 4%; $p<0.0001$) were significantly higher in the elderly. Necrosis was more common in the non-elderly (33.7% vs. 17.1%, $p=0.0021$), while transient organ failure was more frequent in the elderly (22.8% vs. 7.7%, $p<0.0001$). Persistent organ dysfunction was similar in both groups (3.4% vs. 2.8%, $p=0.2359$), with no significant differences in hospital stay duration of >5 days (34.3% vs. 41.7%, $p=0.5401$) or mortality (5.1% vs. 2.8%, $p=0.1864$) between the groups. In a subgroup analysis of mortality within the elderly population, persistent organ failure ($p=0.00009$), the presence of necrosis ($p=0.05615$), and a prolonged hospital stay of >15 days ($p=0.00037$) were associated with increased mortality.

Conclusion: Biliary pancreatitis was the predominant etiology in the elderly population. Despite significant comorbidities among the elderly, hospital stay, mortality, and persistent organ failure were similar across both age groups.

Keywords: Acute Pancreatitis, Elderly, Non-elderly, Clinical Course, Mortality, Organ Failure, Necrosis

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Pankaj Desai

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