Introduction: Non-alcoholic fatty pancreas disease (NAFPPD) has been associated with the development of type 2 diabetes mellitus (DM2), increased acute pancreatitis severity and the development of pancreatic cancer. The aim of our study is to describe the association of NAFPPD and prediabetes (PDM) in asymptomatic patients.

Methods: Cross-sectional observational study from a single center in Mexico City. We defined NAFPPD based on ultrasound features and alcohol consumption of less than 20 g/day in men or 10 g/day in women. PDM was defined by impaired fasting glucose (IFG) after a 12 hour fast (with a glucose value of 100-125 mg/dL) and/or a glycated hemoglobin (HbA1C) test between 5.7 and 6.4 percent.

Results: We included data from 458 asymptomatic ambulatory patients who underwent health check-up. The prevalence of NAFPPD detected by ultrasound was 17.3% (95% CI, 13-20), and 37% of patients in this group had associated non-alcoholic fatty liver disease (NAFLD). The global prevalence of PDM was 26.8% and 10.122 (91.8%) were newly detected cases. 62.7% were male, mean BMI was 26.02 (SD ± 4.0 g/m²).

Patients with PDM had associated NAFPPD (OR=2.8, 95% CI 1.025 – 7.8), P=0.038.

Conclusion: We found an association between NAFPPD and non-alcoholic fatty liver disease. To our knowledge there have not been any such descriptions in our population. Prospective studies are required to determine the importance of pancreatic fat deposition and its consequences in Hispanics.

Xanthogranulomatous Cholecystitis: The Needle in the Haystack

Shradhade Shetty, MBBS, MS, MRCS, Ashish B. Shah, MBBS, MS, FRCS, Kapali Neelamgum, MBBS, MS, FRCS, Fortis Hospital, Bangalore, Karnataka, India

Introduction: The rise of laparoscopic cholecystectomy (LC) as the gold standard for management of gallstone disease has exponentially increased the number of sacrificed gallbladders. In this gorgian pool of specimens, several rare variants of inflammation, infection, premalignant and malignant transformation have been encountered. One of these is the xanthogranulomatous cholecystitis (XGC), an aggressive inflammatory condition known for throwing the surgeon off course from a simple LC to aggressive liver resection by virtue of its malignant mimicry.

Methods: We retrospectively analysed 1000 consecutive LCs performed in a tertiary care hospital from January 2010 to December 2016. In the cohort found to have XGC on histopathology, we analysed the gender predilection, age, preoperative, associated comorbidities, clinical presentations, radiological features, intraoperative findings, complications and postoperative course. We then compared this with the rest of the source population.

Results: Of the 1000 patients that constituted the study population, 35 patients were found to have XGC. We found a male predilection of 5:4, with age ranging from 32 to 76 years, in opposition to the study population that varied from 2 to 85 years. The cohort had a 20% incidence of diabetes mellitus, comparable to the source population. No difference was found in either duration or severity of symptoms in the two groups. Preoperative radiological diagnosis of XGC was not done in any of the cases. Intraoperatively, 13.4% of the patients were found to have Mirizzi’s variant, which formed the majority of the Mirizzi’s in the source population. Empyema of the gall bladder was found in 5 of the patients, with incidence similar to the source population. Operative time in the XGC cohort was significantly higher (Mean±SD 43.57 minutes) which also formed a sizable fraction of the subtotal excisions performed (26.7%). While the incidence of complications was similar in both groups, postoperative stay was significantly longer in the XGC cohort (2.7±1.3 days vs 1±1.3 days). Only 3 cases of gall bladder malignancy were found in the entire study population, none of whom exhibited features of XGC.

Conclusion: XGC continues to be the bane of the surgeon, confounding findings and causing even seasoned professionals to second guess their clinical decisions. Albeit rare, a working knowledge of the condition is of paramount importance in order to provide the patient the best and most appropriate care.

88

Multivariate Predictors of In-hospital Mortality With Acute Pancreatitis Admissions in the United States

Sreyanu Dasuli, MD, Yash Shah, MD, Jiten Desai, MD, Rajkumar P. Doshi, MD, MPH, Christopher L. Bray, MD, PhD, University of Central Florida College of Medicine, Gainesville, FL; VA Hospital Philadelphia, Philadelphia, PA; Nassau University Medical Center, East Meadow, NY; North Shore University Hospital, Jersey City, NJ; UCF COM/HCA GME Consortium Internal Medicine Gainesville, Florida, United States

Introduction: Acute Pancreatitis (AP) is one of the common gastrointestinal disease associated with long term hospitalizations and in-hospital mortality rate. Most AP presentations are self-limited but ranges from mild to life threatening attack and mortality associated with AP can be up to 30% which depends on the area of sterile versus infected necrosis. Timely identification of severity of the disease is important which can help alleviate further complications. Although all scoring systems have been shown to correlate with mortality, it remains difficult to accurately identify severity of AP patient on admission. We have analysed multivariate predictors of in-hospital mortality with AP admissions in the United States.

Methods: It is a retrospective, observational study which analyzes various factors that estimate in-hospital mortality in patient with AP using mixed-effect multivariate predictor model. The sample for this study was obtained from the National Inpatient Sample (NIS) for the years 2010-2014 using ICD-9-CM diagnostic code of 577.0 which is specific for AP. Analysis were performed in SAS 9.4 (SAS institute Inc., Cary, NC).

Results: A total of 449,357 patients were identified with diagnosis of AP. Higher age is associated with higher mortality. Black patients have higher odds of in-hospital mortality compared to white. Because of more high risk patients admitting to urban hospitals compared to rural, these hospitals have higher odds of in-hospital mortality. Also, presence of liver disease, electrolyte disorder, neurological disorder, chronic pulmonary disease, congestive heart failure, renal failure, and cancers were associated with greater risk of mortality. In contrast, females, previous cholecystectomy as a primary payer, diabetes, hypertension and anaemia and depression are associated with lower risk of mortality.

Conclusion: Patients presenting with positive predictors identified our study requires close monitoring and extra-care to further avoid in-hospital mortality. Black patients with higher age and multiple...