CONCLUSION: In our meta-analysis, overall sedation related side effects were less compared to GA group (47 min versus 59 min). Only 1.7% of the MAC patients were converted to GA. Significant heterogeneity was noted in our meta-analysis.

RESULTS: A total of 28 studies (11 in GA group and 18 in MAC group) reporting on 12918 patients were included. Our study was included in both the groups. The mean age in both the groups was 60 years. A total of 27 studies reported sedation related side effects. The overall sedation related side effects were similar in GA (12.76%, 95% CI = 3.80-21.73, P = 0.95%) versus MAC (12.08%, 95% CI = 5.30-20.89, P = 0.99%) groups with P = 0.859 (Figure 1). In sub-group analysis, hypoxia, arrhythmias, hypotension, aspiration and other sedation related side effects were similar between the two groups (Table 1). The recovery time and duration of procedure was reported in 10 and 14 studies respectively. Although, the mean duration of procedure was more in MAC group (67 min versus 53 min) but mean recovery time was less as compared to GA (47 min versus 59 min). Only 1.7% of the MAC patients were converted to GA. Significant heterogeneity was noted in our meta-analysis.

CONCLUSION: In our meta-analysis, overall sedation related side effects were similar between MAC versus GA groups. The mean duration of procedure was lower in GA group but on contrary recovery (mean) was noted to be faster in MAC group. Based on our meta-analysis, monitored anesthesia care could be used as an alternative to general anesthesia when performing ERCP, although high risk patients may be better served by general anesthesia. Large multicenter randomized control trials are needed to further validate our findings.

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Is There Association Between Pancreatic Divisum and Other Pancreatic Conditions Including Acute Pancreatitis, Chronic Pancreatitis, and Pancreatic Tumors?

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METHODS: Over many decades, there has been controversy about pancreatic divisum and its association with acute and or chronic pancreatitis. In this study, we used the largest national data registry to examine the relation between pancreatic divisum and the other aforementioned pancreatic conditions.

RESULTS: A retrospective analysis was performed on the National Inpatient Data Base (NIS) of 2014 to examine the association between pancreatic Divisum, pancreatitis (acute and chronic) and pancreatic tumor. A new data set (Control) is selected using the random percentage. The international code for diseases version nine (ICD9) is used to identify all variables. All ages, sex and races were included.

RESULTS: 660,762 visits vs 5000 control encounters are identified with a mean age of 49 years. Of the 660, 35.5% (235 male), and 64.5% (426 female). 481 (72.9%) are white, 62 (9.4%) black, 71 (10.8%) Hispanic, 19 (2.9%) Asians, 9 (1.4%) Native Americans and 18 (2.7%) others. 262/660 (39.7%) in the Divisum group have been found to have a diagnosis of chronic pancreatitis vs 6.8% in the non Divisum group (control). P < 0.005, OR = 163, CI 95% (70-315); 327/660 (49%) in the pancreatic divisum group have acute pancreatitis vs 1.4% (70) in the control group. P < 0.005, OR = 70.78; 95% CI (53.08-94.39) with the adjustment to other factors for chronic and acute pancreatitis including smoking, alcohol, cystic disease, TGD pancreatitis, and gallstones pancreatitis and idiopathic pancreatitis. Only 3 cases of pancreatic tumor were detected in the pancreatic Divisum group.

CONCLUSION: There is strong association between Pancreatic divisum and acute and chronic pancreatitis. Yet this association might be influenced by the selection bias from inpatient population only. There is no association found between pancreatic Divisum and pancreatic tumor.