Vigorous IV hydration regimen cuts post-ERCP pancreatitis risk

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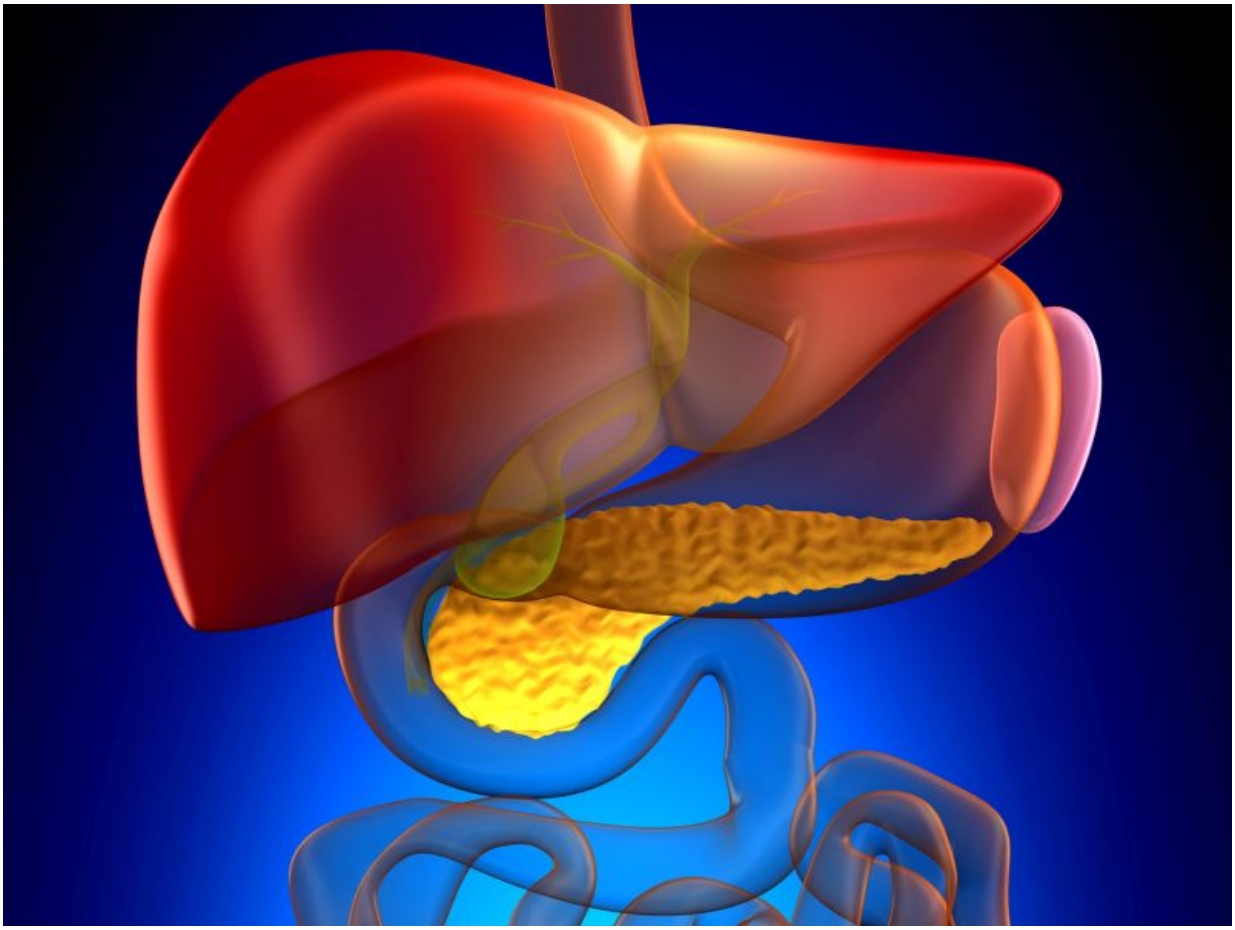

(HealthDay)—Vigorous periprocedural intravenous fluid resuscitation

(IVFR) with lactated Ringer's solution can reduce the incidence and severity of post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis in average-risk and high-risk cases, according to a study published in the January issue of *Clinical Gastroenterology and Hepatology*.

Jun-Ho Choi, M.D., from Dankook University College of Medicine in Cheonan, Korea, and colleagues randomly assigned 510 patients (1:1) to either vigorous IVFR (lactated Ringer's solution in an initial bolus of 10 mL/kg before the procedure, 3 mL/kg/h during the procedure and for eight hours after the procedure, and a post-procedure bolus of 10 mL/kg) or a standard IVFR (lactated Ringer's solution at 1.5 mL/kg/h during and for eight hours after the procedure).

The researchers found that the main indications for ERCP were choledocholithiasis (58 percent) and malignant biliary stricture (27 percent). Post-ERCP pancreatitis developed in 11 patients in the vigorous IVFR group and 25 patients in the standard IVFR group (relative risk, 0.41; P = 0.016). In the vigorous group, a significantly smaller proportion of patients developed moderate or severe acute pancreatitis versus the standard IVFR group (P = 0.040). One patient in the vigorous IVFR group developed peripheral edema.

"Additional confirmatory studies will be necessary to support our conclusions and to assess the optimal protocol and volume of IVFR," the authors write.

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Editorial