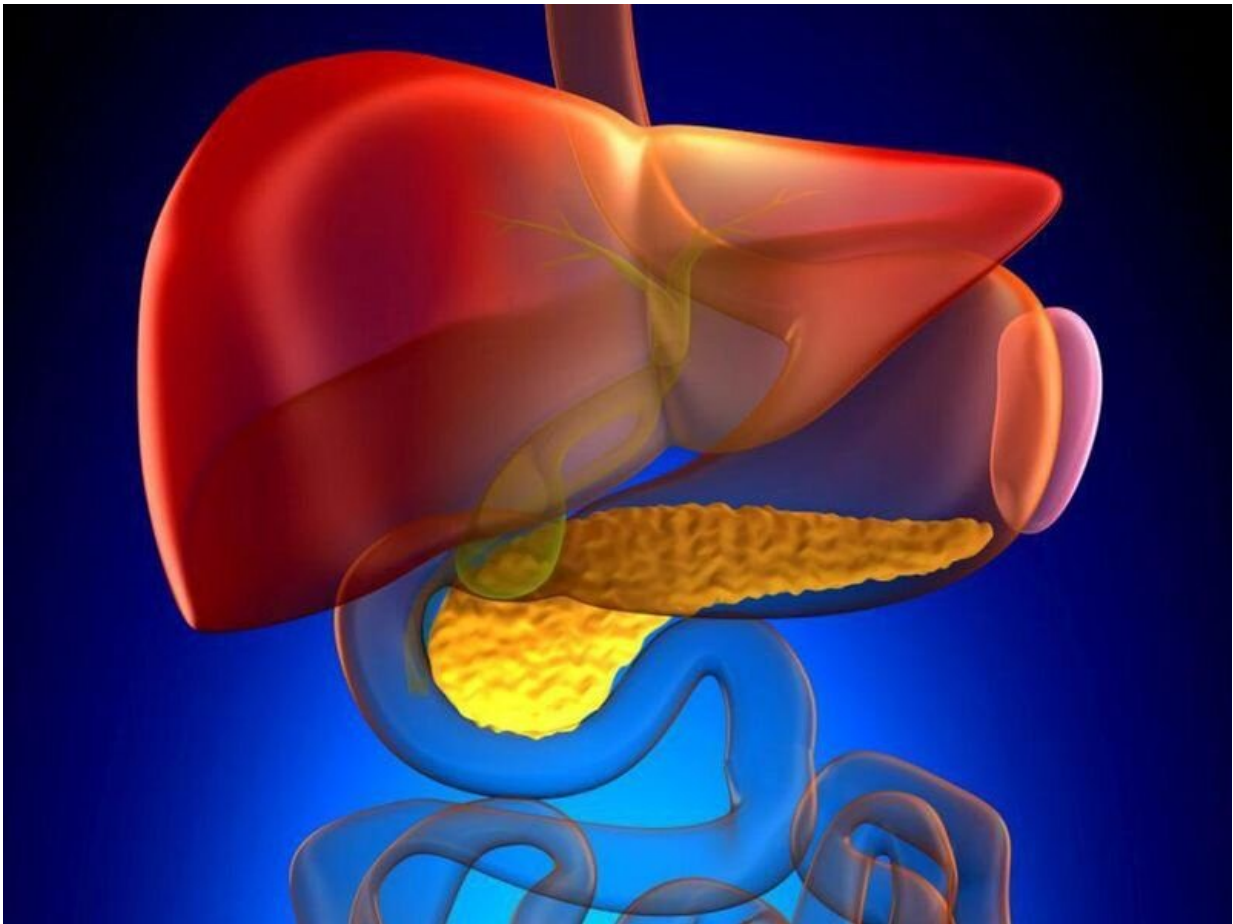


Immediate drainage no better for infected necrotizing pancreatitis

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(HealthDay)—For patients with infected necrotizing pancreatitis,

immediate catheter drainage is not superior to postponed catheter drainage with regard to reducing complications, according to a study published in the Oct. 7 issue of the *New England Journal of Medicine*.

Lotte Boxhoorn, M.D., from the University of Amsterdam, and colleagues conducted a randomized superiority trial involving [patients](#) with infected necrotizing pancreatitis who were randomly allocated to receive immediate [drainage](#) within 24 hours after randomization (55 patients) or drainage that was postponed until walled-off necrosis was reached (49 patients).

The researchers found that the mean score on the Comprehensive Complication Index was 57 and 58 in the immediate- and postponed-drainage groups, respectively (mean difference, -1; 95 percent confidence interval [CI], -12 to 10; $P = 0.90$). Mortality was 13 and 10 percent in the immediate- and postponed-drainage groups, respectively (relative risk, 1.25; 95 percent CI, 0.42 to 3.68). The mean number of interventions (catheter drainage and necrosectomy) was 4.4 and 2.6 in the immediate- and postponed-drainage groups, respectively (mean difference, 1.8; 95 percent CI, 0.6 to 3.0). Nineteen patients (39 percent) in the postponed-drainage group were treated conservatively with antibiotics and did not require drainage; 17 survived.

"This trial did not show the hypothesized benefit of earlier [catheter](#) drainage in patients with infected necrotizing pancreatitis," the authors write. "These findings suggest that an initial conservative approach with antibiotics is justified when infected necrosis is diagnosed."

Several authors disclosed financial ties to [pharmaceutical companies](#).

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