

Early aggressive fluid resuscitation not better for pancreatitis

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Early aggressive fluid resuscitation results in a higher incidence of fluid

overload and does not improve clinical outcomes for patients presenting with acute pancreatitis, according to a study published in the Sept. 15 issue of the *New England Journal of Medicine*.

Enrique de-Madaria, M.D., Ph.D., from Dr. Balmis General University Hospital in Alicante, Spain, and colleagues randomly assigned 249 [patients](#) at 18 centers who presented with [acute pancreatitis](#) to receive goal-directed aggressive or moderate resuscitation with lactated Ringer's solution. Patients were assessed at 12, 24, 48, and 72 hours; fluid resuscitation was adjusted based on the patient's clinical status.

The trial was halted due to between-group differences in the safety outcomes, with no significant difference in the incidence of moderately severe or severe pancreatitis between the groups (22.1 and 17.3 percent in the aggressive- and moderate-resuscitation groups, respectively; adjusted relative risk, 1.30; 95 percent confidence interval, 0.78 to 2.18; $P = 0.32$). The researchers found that fluid overload developed in 20.5 and 6.3 percent of those who received aggressive and moderate resuscitation, respectively (adjusted relative risk, 2.85; 95 percent confidence interval, 1.36 to 5.94; $P = 0.004$). The median duration of hospitalization was six and five days in the aggressive- and moderate-resuscitation groups, respectively.

"The use of aggressive fluid resuscitation led to a higher risk of volume overload and did not show the hypothesized benefit in disease-specific outcomes," the authors write.

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