

ASGE Guideline: Management of Acute Cholangitis

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Clinical Questions

In patients with acute cholangitis:

1. Is endoscopic drainage favored over percutaneous drainage for biliary decompression?
2. Does early ERCP (within 48 hours) improve clinical outcomes?
3. Should endoscopic interventions be combined with biliary decompression during the initial ERCP?

1. Perform ERCP over percutaneous transhepatic biliary drainage (PTBD)

- Conditional recommendations, very low quality of evidence
- No difference in mortality, successful decompression and adverse events between ERCP and PTBD
- **ERCP was associated with shorter length of stay**

2. Perform ERCP within 48 hours vs after 48 hours

- Conditional recommendations, very low quality of evidence
- ERCP within 48 hours was associated with a **decrease in inpatient mortality, 30-day readmission and length of stay**
- There was no difference in 30-day mortality

3. Combine biliary decompression with sphincterotomy and stone removal

- Conditional recommendations, low quality of evidence
- **Endoscopic interventions were associated with more bleeding but shorter length of stay**
- No difference in rate of decompression, post-ERCP pancreatitis or mortality

Certainty in Evidence

- Current recommendations are based on **low to very low-quality evidence** utilizing the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology
- Available literature included one systematic review, one clinical trial, two prospective trials and mostly retrospective studies (comparative and observational)



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Limitations/Considerations

- **Limited/insufficient data to stratify patients by disease severity**
- Special consideration for patients with severe disease when it comes to endoscopic interventions and increased risk of bleeding