Severe acute pancreatitis (SAP) is common and lethal with a 15-20% mortality. Toxic exudates in ascitic fluid present a treatment target. Peritoneal lavage and dialysis (PLD) could improve patient outcomes by reducing the inflammatory burden.

AIMS
1. To determine the current use and outcomes of PLD for patients with SAP
2. To explore its safety

METHODOLOGY
Systematic review with narrative synthesis using a MEDLINE, Embase, PsycInfo and Cochrane Library search in July 2023. Inclusion criteria:
- Adult patients with SAP according to Atlanta 2012
- PLD or Laparoscopic Lavage (LL) as treatment modalities
- All studies excluding case reports

RESULTS
3 Randomised controlled trials (RCTs)
3 Retrospective Cohort studies (Non-randomised / NRS)
499 patients
All studies varied with catheter insertion and dialysis protocols
All studies deemed at moderate or high risk of bias

IMPROVED OUTCOMES
- Length of stay: 5-day reduction with PLD (P<0.01), Jiang et al., NRS
- 30-day reduction with LL (P<0.05), Wang et al., RCT
- Pancreatic encephalopathy: 0 in PLD compared to 12% in percutaneous drainage (PCD) (P=0.02, He et al., RCT)
- Further drainage: 20% in PLD compared to 46% in PCD (P=0.008, He et al., RCT)
- Mortality: 9% reduction with LL (P<0.05, Wang et al., RCT)
- Other complications: 0 VTEs in PLD compared to 10% in (PCD) (P=0.03, He et al., RCT)

CONCLUSION
PLD demonstrates potential as a therapy to improve outcomes for patients with SAP. The current evidence involves studies with heterogenous interventions and at substantial risk of bias. Further research is required, particularly through high-quality randomised clinical trials, to convey the feasibility and true efficacy of PLD as an early therapy in SAP.

SAFETY
1 report of bleeding at PLD site (Li et al., NRS)
No other safety concerns reported

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BACKGROUND
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Toxic exudates in ascitic fluid present a treatment target.
Peritoneal lavage and dialysis (PLD) could improve patient outcomes by reducing the inflammatory burden.

BACKGROUND
PERITONEAL LAVAGE & DIALYSIS FOR PATIENTS WITH SEVERE ACUTE PANCREATITIS: A SYSTEMATIC REVIEW
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