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**Cholangitis after endoscopic retrograde
cholangiopancreatography: a rare
complication?**

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SEPO

Editorial Celiac disease: bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Berca Valencia	65
Trabajos Originales Risk factors for severity and recurrence of colonic diverticular bleeding N. Aragón, P. Cabero, A. Arduas, M. Escobé and N. Guzmán	67
Microsporidian and inflammatory bowel disease: the other diagnosis J. Bermejo, A. Rojas, S. López-Castaño, J. Cuervo, M. Acuña-Barca, M. Hernández-Solis, C. García, M. de la Cruz, D. Barrio and A. López-García	69
Influence of sustained vital response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Rentería, J. Cabero, M. J. López-Alaiz, I. López, M. T. Arán, A. Galarraga, F. Castells, E. Fabrega and J. Crespo	70
Malnutrition risk questionnaire combined with body composition measurement in malnourished outpatients with inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pili, I. Pall and P. Malvar	71
A survey-based analysis on endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and B. Soriano	76
Revisión Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salín, C. Salinas, F. Day and M. J. Cuervo	79
Indicadores en Patología Digestiva Neutrophils in the appendix: a marker of acute inflammation or of obstruction intensity? J. Sempere, P. Abadía-Serna y J. C. García-Pérez	80
Neutrophils in the appendix: a marker of acute inflammation or of obstruction intensity? A. F. Romero-Muñoz y R. Barrio-Zelga	81
Neutrophils in the appendix: a marker of acute inflammation or of obstruction intensity? C. Oña-Solís, C. L. Fernández-Segura, J. Pineda-Rodríguez y A. N. González-Fernández	81
Endoscopic retrieval of trichobezoars in a schizophrenic patient J. L. Bermejo-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez	83
All that glitters is not gold: A different cause for an "obstructive colitis" A. Pineda, M. Sola, J. Vila-Buen and G. Navarro	83
Lesión de Bouveret: diagnóstico por gastroscopia R. Barrio-Gómez, M. N. Barrio-Frutos, M. del Pozo y J. E. Domínguez Muñoz	85
1. Notas Clínicas Celiac crisis in adults: a case report and review of the literature focusing in the prevention of relapsing syndrome M. de Alaveda-Nemón, V. L. Barrio-Cabral and S. L. Lopera	87
3. Hemangiomas: benign pathologic. Ulcer localization infrequent in benign hemangiomas? I. Abadía-Serna, J. M. García-Castellón, L. Aguirre-Díaz, A. M. Quintana-Rivero y A. Cortés-Arce	89
40. Hemorragia por eritema papilar intracardíaco C. Pérez-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Arangul-Roldán y C. García-Solís	90
Endoscopic removal of intubated large sigmoid polyp: a case report M. Ochoa-García and J. Torres-Munoz	93
47. Mesenteric schwannoma: an unusual cause of abdominal mass A. Tapia-Palacio, M. R. Ramos-Vázquez, J. C. Cortés-Ramos, J. Cornejo-Laraño and L. Cortés-Pérez	96
26. Cartas al Editor Neutrophils immunofluorescence, an tumor biomarker M. de Barrio-Sanz, J. Santos-Fernández and M. N. Ramos-Rodríguez	99
Presentación intimal de tuberculosis por endoscopia: ¿puede ser asociada a cuerpos de Barrois, patología infecciosa y pólipo colónico? Y. Pineda-Vargas, D. M. Aguirre y L. A. Abadía	100
49. Peroral endoscopic myotomy for an achalasia patient with multiple esophageal diverticula Y. Sun, H. Zhu and D. Liu	101
Analisis y endoscopia: inflamación, eritema, inflamación en el diagnóstico diferencial de abdomen agudo C. Sánchez-Jiménez, J. Goveas-Nieto y J. A. Abadía-Paredes	101
40. Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Ulceras Duodenales R. Fernández-Cruz, A. Barja-Castellón y E. Muñoz-López	103
42. Algoritmo de manejo de diverticulitis paraneoplásica de un adenoma actínico gástrico J. Barrio-Ochoa, F. Fernández-Sánchez y J. de la Fuente-Aguado	103
44. Revisiones 2016	105

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Cholangitis after endoscopic retrograde cholangiopancreatography: a rare complication?

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Dear Editor,

Cholangitis does not often occur after endoscopic retrograde cholangiopancreatography (ERCP), but it can be a serious complication of this procedure (1). Its clinical features, management and outcome are poorly characterized in the literature (2). In a recent study in a low-volume center (200 procedures in 22 months) the reported rate of this complication was less than 5%, with a tendency to reduce with increased experience of the practitioner (3). From a total of 487 ERCP performed in two years in our center, 24 patients developed cholangitis after the procedure (4.9% incidence). The majority of patients (54%) were female, with a median age of 60 year of age (interquartile range [IQR]: 42-72 years). The diagnosis was made after a median period of two days (IQR: 1-3 days), with a mortality of 29.2%. The median number of hospitalization days was seven (IQR: 4-16 days), and the majority of patients were attended in the outpatient clinic (71%). Ten patients had already undergone ERCP with sphincterotomy (43%) and seven patients were under antibiotic therapy or had received antibiotics in the previous three months (29%). The main reasons for the procedure were choledocholithiasis (38%) and obstructive jaundice (29%). A dominant stricture was present in 37.5% of cases and one or more biliary

stents were placed in eleven patients (46%). Fever (75%), abdominal pain (50%) and jaundice (42%) were the main clinical manifestations. However, Charcot's triad was only present in three patients (13%). Almost all patients (92%) were treated with antibiotics, and this was within the first 24 hours in 86% of cases. Half of the patients had positive blood cultures. The duration of hospitalization (17 vs 6 days, $p = 0.001$) and higher levels of gamma-glutamyl transferase (651 vs 137 U/L, $p = 0.04$), alkaline phosphatase (459 vs 180 U/l, $p = 0.03$) and total bilirubin (12 vs 3 mg/dl, $p = 0.02$) were significantly associated with mortality.

In our experience, post-ERCP acute cholangitis developed in approximately 5% of cases with a not negligible mortality of nearly 30% in spite of antibiotic therapy. Analytical factors can help to identify the most serious cases that could benefit from a more aggressive approach.

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