

EVALUATION OF ANTIBIOTIC PROPHYLAXIS IN ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY.



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BACKGROUND AND IMPORTANCE

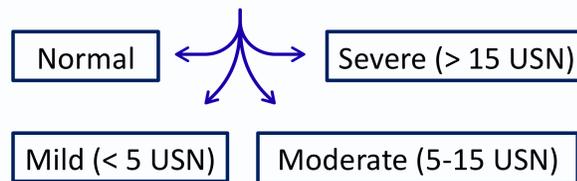
Endoscopic retrograde cholangiopancreatography (ERCP) is a key diagnostic and therapeutic technique in biliary and pancreatic pathologies, whose most prevalent complication is cholangitis, with high morbidity and mortality. Proper antibiotic prophylaxis reduces the risk of infection.

AIM AND OBJECTIVES

To analyze the criteria for prescribing antibiotic prophylaxis in patients undergoing ERCP and the degree of compliance with clinical recommendations.

MATERIALS AND METHODS

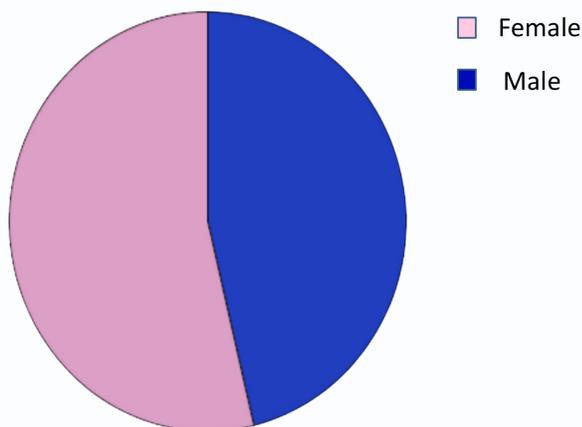
- Retrospective observational study conducted in a secondary-level hospital (January 2024 - July 2025).
- 67 hospitalized patients undergoing ERCP.
- Variables → age, sex, reason for admission, type and duration of the antibiotic, ALT/AST values.



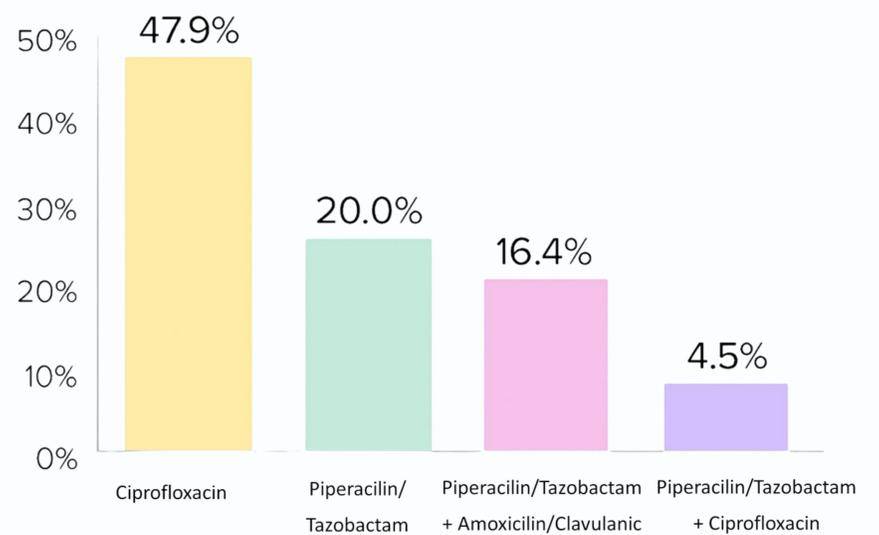
- Programs used: Mambrino XXI®, Excel® and SPSS®.

RESULTS

SEX DISTRIBUTION



MOST COMMONLY ANTIBIOTICS



Ciprofloxacin

- Indicated in choledocholithiasis without cholangitis (68.7%).
- Normal transaminases (65.6%).
- Average duration: 4.3 days.

Piperacilin/Tazobactam + Amoxicilin/Clavulanic

- Indicated in cholangitis (72.7%).
- Normal transaminases (66,7%).
- Average duration: 12.1 days.

Piperacilin/Tazobactam

- Indicated in cholangitis (57.1%).
- Mild elevation transaminases (64.3%).
- Average duration: 9.6 days.

Piperacilin/Tazobactam + Ciprofloxacin

- Indicated in choledocholithiasis with recent cholangitis.
- Mild elevation transaminases (66.7%).
- Average duration: 16.5 days

CONCLUSIONS AND RELEVANCE

- Ciprofloxacin is suitable for choledocholithiasis.
- Piperacilin/Tazobactam or combinations are reserved for colangitis or at-risk patients.
- The duration of treatment increases significantly in the presence of cholangitis.



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