Sravani Kamatam, Arun Sankaranarayanan, **Ryan Choudhury**, Kevyan Ravakhah, Parvez Khambatta, Doug Y. Rowland

St. Vincent Charity Hospital, 2351 E 22nd St., Cleveland, OH 44115

**Abstract**

Introduction: Acute pancreatitis (AP) is the single most frequent gastrointestinal cause of hospital admissions in the US and resulting in approx. 275,000 hospitalizations at a direct annual cost of $2.6 billion in the United States. CT scan is a part of diagnostic criteria for Acute Pancreatitis (AP) and primarily used in to determine alternate diagnosis for abdominal pain or to detect complications. This leads us to ask, “Does the timing of CT scan affect length of stay, readmission, or number of future CT scans?”

Methods: We conducted a single center retrospective study using data from EHR from 2012-2017 of all patients admitted with AP as primary diagnosis from 2012-2017 in adults ≥ 18 years. One-way analysis of variance (ANOVA) tests were used to assess for statistical significance with a p-value < 0.05.

Results: A total of 486 patients were included in the study Average length of stay among BISAP score of 0 in No CT group was 3.12 days, Early CT group 3.75 and Late CT 4.81 days, which was statistically significant (p=0.009). Recurrences of AP were compared among same groups 1.45 vs 0.93 vs 0.60 (p=0.009) respectively, with similar results were found among BISAP score of 1 (p=0.09).

Conclusion: This study showed that the No CT group had a decreased length of stay compared to Early CT and Late CT group while recurrence rate was lowest in the Late CT group. Further studies will be required to address the debate regarding timing of CT scans for pancreatitis.

Keywords: Pancreatitis, CT Scan, BISAP, Readmissions, Length of Stay