

中文題目：性別對急性膽囊性胰臟炎患者的嚴重度、處置與預後之影響

英文題目：Effects of Gender on Severity, Management and Outcome in Acute Biliary Pancreatitis

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Background: Studies on patients with gallstone-related conditions such as symptomatic cholelithiasis or undergoing cholecystectomy have indicated that gender differences occur in terms of disease severity, management, and outcome. We aimed to examine whether these gender differences also exist in patients with acute biliary pancreatitis (ABP).

Methods: In this population-based cross-sectional study, we analyzed 13,110 patients (50.6% male) with first-attack ABP retrieved from the inpatient claims data of the Taiwan National Health Insurance Research Database between 2000 and 2009. The primary outcome was hospital mortality. Secondary outcomes included development of severe ABP and provision of definitive and life-support measures. Gender difference was assessed using multivariable analyses, considering a hospital cluster effect by generalized estimating equations models.

Results: The overall risk of severe ABP was comparable between men and women; however, when individual severity criteria were analyzed separately, the risks of gastrointestinal bleeding (adjusted odds ratio [aOR] 1.44, 95% confidence interval [CI] 1.18-1.76) and local complication (aOR 1.38, 95% CI 1.05-1.82) were 44% and 38% higher in men than in women, respectively. Compared with women, men were 24% more likely to receive total parenteral nutrition (aOR 1.24, 95% CI 1.00-1.52), but were 18% and 41% less likely to receive cholecystectomy (aOR 0.82, 95% CI 0.72-0.93) and hemodialysis (aOR 0.59, 95% CI 0.42-0.83), respectively. Hospital mortality was higher in men than in women (1.8% vs. 1.1%, $p=0.001$). After controlling for all potential confounders, men were 81% more likely to die in the hospital than women (aOR 1.81, 95% CI 1.15-2.86). When only severe cases were enrolled, the crude risk difference was greater (11.0% in men vs. 7.5% in women, $p<0.001$) and the covariate-adjusted mortality risk remained considerably higher in men than in women

(aOR 1.72).

Conclusions: These findings indicate that gender is an important determinant of outcome in patients with ABP and may affect some treatment measures. Further studies are needed to explore the underlying mechanisms.