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Breastfeeding in the prevention of postpartum Acute Pancreatitis (AP). A sicilian population-based case-control study

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Background: Gallstones acute pancreatitis has increased incidence in young women in the 2 years postpartum. Middle-aged women with a longer period of breastfeeding have less hospitalization for gallbladder disease.

Methods: We identified all Sicilian women who delivered (2013-2016) and had acute pancreatitis within 2 years postpartum, reviewed their medical records and for each case we matched 4 women of the same age (+ 5 years), date (+ 30 days) and hospital of delivery without acute pancreatitis. Univariate and multivariate logistic regression was used to estimate the Odds Ratio (OR) to assess associations between acute pancreatitis and clinical variables.

Results: In the 74 women with AP and 298 controls at univariate analysis: > 6 months oral contraception history ($p < 0.01$ - OR 3.30 - 95% CI 1.33-8.16); previous biliary disease ($p < 0.001$ - OR 5.90 - 95% CI 1.98-17.57) and smoking ($p = 0.035$ - OR 2.04 - 95% CI 1.04-4.0) were predictors of acute pancreatitis; amenorrhea > 3 months ($p < 0.001$ - OR 0.34 - 95% CI 0.19-0.59) and breastfeeding > 3 months ($p < 0.001$ - OR 0.07 - 95% CI 0.03-0.14) were protective. At multivariate previous biliary disease ($p = 0.011$ - OR 5.49 - 95% CI 1.48-20.38) was predictor and breastfeeding >3 months ($p < 0.001$ - OR 0.06 CI 95% 0.03-0.14) was protective for acute pancreatitis.

Conclusion: Women without a history of biliary disorders and who breastfeed for at least 3 months have reduced risk to develop AP in the 2 years after delivery.

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