Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Overall mortality rate was 3.3%, after interventional treatment – 6.5%.

**Conclusion:** Surgical treatment in patients with ANP based on step-up approach is followed by acceptable complication and mortality level. In patients with ANC transcutaneous approach is followed by less complications rate whereas in WOPNI cases endoscopic route is preferable.

---

**P.029.**

COVID-19 infection in patients with acute pancreatitis – particularities of clinical presentation and management

O. Rotar1, I. Khomiak2, V. Rotar1, O. Hrama1, M. Fishbach1, O. Rak1, O. Polyansky1

1 Department of General Surgery, Bukovinian State Medical University, Chernivtsi, UKRAINE
2 Department of Pancreas and Bile Ducts Surgery, O.O. Shalimov National Institute of Surgery and Transplantology, Kyiv, UKRAINE

**Introduction:** COVID-19 has led to an unprecedented global health crisis with over 96 million confirmed cases. Its presence in patients with acute pancreatitis (AP) could deteriorate their prognosis as result of direct injury of pancreas by virus.

**Aims:** To establish influence of concomitant COVID-19 on clinical presentation and treatment strategy of patients with AP.

**Materials and Methods:** We analyzed results of treatment of 11 patients with AP and concomitant COVID-19. In all cases changes of oxygen balance and biochemical parameters of serum were determined and whole body CT was performed.

**Results:** All patients were diagnosed with COVID-19 within 5–14 days before initiation of AP. Severe form of AP with persistent organ failure (OF) was diagnosed at 4 patients, moderately severe with transient OF – at 7 cases. Respiratory failure was established in all patients with severe AP, renal and cardio-vascular dysfunction as well as intra-abdominal hypertension was diagnosed in two of them. Biochemical changes included prolonged prothrombin and partial thromboplastin time, elevated D-dimer concentration as well as moderate hypertriglyceridemia. Treatment prolonged prothrombin and partial thromboplastin time, elevated D-dimer concentration as well as moderate hypertriglyceridemia. Treatment included infusion therapy, respiratory support, analgesia, thromboprofilaxis with low molecular weight heparins, prevention of excessive fibrinolysis by unilastinate, early enteral nutrition. There was one case of profuse intra-abdominal hemorrhage due to severe coagulopathy which was treated surgically. Necessary for interventional treatment occurred at 4 (36.4%) patients. One patient died as result of acute respiratory distress syndrome (ARDS), overall mortality was 9.1%.

**Conclusion:** COVID-19 infection worsens clinical feature of AP. Patients’ management should include measures for prevention and treatment of ARDS and coagulopathy.

---

**P.030.**

Evaluation of calcium and phosphate metabolism and musculoskeletal system in patients with chronic pancreatitis - preliminary report

M. Rakowska1, A. Mianowska1, M. Jaworski2, M. Wojcik2, P. Pludowski2, G. Oracz2

1 The Childrens Memorial Health Institute, Department of Gastroenterology, Hepatology, Feeding Disorders and Pediatrics, Warsaw, POLAND
2 The Childrens Memorial Health Institute, Department of Biochemistry, Radioimmunology and Experimental Medicine, Warsaw, POLAND

**Introduction:** Chronic pancreatitis (CP) leads to the development of exocrine insufficiency which leads to a deficiency of fat-soluble vitamins, calcium, magnesium and folic acid. Malnutrition results in a short age of bone mass and density, leading to the development of osteopenia and osteoporosis.

**Aims:** The aim of the study is to analyze calcium-phosphate (Ca-P) disturbances in children with CP and assessment of the impact of these disorders on the course of the disease.

**Materials and Methods:** 24 children with CP (10 girls, 14 boys) aged 5 to 17 years were enrolled into the study. The diagnosis of CP was established according to INSPIRE recommendations. Clinical and epidemiological data were recorded and analyzed. Levels of calcium, phosphorus and creatinine in blood and urine, ionized calcium, PTH, albumin and vitamin D metabolites were determined in all patients. Bone densitometry (DEXA) was also performed.

**Results:** In 11 patients (45.8%) 25-OH D3 deficiency was found, and 3 (27.2%) of them had 1,25-OHD3 excess. Eight of the children studied (33.3%) had high urine creatinine level, and 5 patients (20.8%) had low urine calcium level. Four patients (16.7%) had reduced level of parathyroid hormone. Among the study group, 8 children (33.3%) had a reduced Z-score in the DEXA study, which corresponded to osteopenia. Only 5 of the examined patients (20.8%) did not have any Ca-P disturbances.

**Conclusion:** Although a small group of patients has participated in the study so far, the results suggest that Ca-P metabolism is disturbed in the course of chronic pancreatitis.

---

**P.031.**

Withdrawn

---

**P.032.**

Autoimmune pancreatitis features in the Russian population: Experience of single center

A. Okhlobystin, S. Kardeyeva, A. Ufimtseva, E. Tsiganova

Sechenov University, Moscow, RUSSIA

**Introduction:** Autoimmune pancreatitis (AIP) features differ widely across regions from the viewpoint of type, diagnostic and treatment methods.

**Aims:** To assess characteristics of AIP in a single tertiary gastroenterological center.

**Materials and Methods:** Data of 31 consecutive patients who were diagnosed to have AIP and followed-up for up to 9 years were analyzed. Features of AIP at presentation, pattern of relapsing, achievement and maintenance of remission were evaluated.

**Results:** The mean age at diagnosis was 47.2±16.2 years. Type 1 AIP was diagnosed in 58% of cases, type 2 - in 42%. Over eighty percent of our patients were white collar workers. Diagnostic delay was 8.2±11.7 months. At the moment of diagnosis 69% of patients had abdominal pain, 48% — jaundice, 31% — acute pancreatitis, 18% — new onset of diabetes mellitus, 26% were completely asymptomatic. Eight patients had diffuse AIP, 23 — focal or segmental forms. Other organs were involved in 19 (61%) patients. Non-pancreatic neoplasms were found in 3 cases: cholangiocarcinoma, stomach cancer and lymphoma.

Only 17 patients received steroids for remission induction, while 14 developed spontaneous remission without any immune-suppressive treatment. Four patients required common bile duct stenting. Remission maintenance requires steroids in 16 cases, thiopurines were effective in 6. Thirteen patients (42%) developed sustained remission and did not recur during the follow-up (over 4 years).

**Conclusion:** The Russian population of AIP patients is characterized by equal proportions of type 1 and type 2 cases. In almost half of the cases