ASGE guideline on the management of cholangitis.

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American Society for Gastrointestinal Endoscopy (ASGE)

Buxbaum JL, Buitrago C, Lee A, et al. ASGE guideline on the management of cholangitis. Gastrointest Endosc. 2021 Aug;94(2):207-221.e14. [38 references] PubMed

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Overview

Guideline Objective

To provide an evidence-based guideline for the management of cholangitis based on systematic review and synthesis of the literature

Patient Population

Patients with cholangitis

Recommendations

Recommendation Statements

Question 1: In patients with cholangitis, what is the role of endoscopic retrograde cholangiopancreatography (ERCP)

compared with percutaneous transhepatic biliary drainage (PTBD)?

Recommendation 1. For patients with cholangitis, we suggest ERCP over PTBD. (**Conditional recommendation; Very low quality of evidence**)

Question 2: In patients with cholangitis, does ERCP performed at ≤48 hours after admission improve clinical outcomes relative to patients undergoing ERCP at >48 hours?

Recommendation 2. For patients with cholangitis, we suggest the performance of ERCP in ≤48 hours compared with >48 hours. (**Conditional recommendation; Very low quality of evidence**)

Question 3: In patients with cholangitis, what is the role of endoscopic therapy (sphincterotomy, lithotripsy, stone clearance) combined with decompression (stent or nasobiliary tube) versus decompression alone during the initial ERCP?

Recommendation 3. For patients with cholangitis, we suggest that biliary drainage be combined with other maneuvers such as sphincterotomy and stone removal versus stent placement without attempted stone removal. (**Conditional recommendation; Low quality of evidence**)

Evidence Rating Scheme

Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Categories of Quality of Evidence

Quality of Evidence	Meaning	Interpretation
High	We are confident that the true effect lies close to that of the estimate of	Further research is very unlikely to change our confidence in the

	the effect.	estimate of the effect.
Moderate	We are moderately confident in the estimate of the effect; the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.	Further research is likely to have an impact on our confidence in the estimate of the effect and may change the estimate.
Low	Our confidence in the estimate of the effect is limited; the true effect may be substantially different from the estimate of the effect.	Further research is very likely to have an impact on our confidence in the estimate of the effect and is likely to change the estimate.
Very low	We have very little confidence in the estimate of the effect; the true effect is likely to be substantially different from the estimate of the effect.	Any estimate of the effect is very uncertain.

Recommendation Rating Scheme

Interpretation of Definitions of Strength of Recommendation Using GRADE Framework

Implications For	Strong Recommendation	Conditional Recommendation
Patients	Most individuals in this situation would want the recommended course of action, and only a small proportion would not.	Most individuals in this situation would want the suggested course of action, but many would not.
Clinicians	Most individuals should receive the test. Formal decision aids are not likely to be needed to help individual	Recognize that different choices will be appropriate for individual patients and that you must help each patient arrive at a management decision

	patients make decisions consistent with their values and preferences.	consistent with his or her values and preferences. Decision aids may be useful in helping individuals to make decisions consistent with their values and preferences.
Policymakers	The recommendation can be adopted as policy in most situations. Compliance with this recommendation according to the guideline could be used as a quality criterion or performance indicator.	Policymaking will require substantial debate and involvement of various stakeholders.

Related Content

Supporting Documents

- Emergent Versus Urgent ERCP in Acute Cholangitis: a Systematic Review and Meta-analysis; 2020 Apr.

Implementation Tools

No implementation tools available.

Patient Education

No patient education materials available.

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TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	★★★★★

Systematic Review of Evidence

Literature Search	★★★★★
Study Selection	★★★★☆
Evidence Synthesis	★★★★★

Foundations for Recommendations

Strength of Evidence Grade	★★★★★
Description of Benefits and Harms of Recommendations	★★★★☆
Summary of Evidence Supporting Recommendations	★★★★★
Strength of Recommendations Rating	★★★☆☆
Clear Articulation of Recommendations	★★★★★

Funding Source — Yes

Disclosure and Management of Financial Conflicts of Interests — ★★★★★

External Review — ★★☆☆☆

Updating — ★★★☆☆

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