Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Zhu 2021 1
1.1.2. Zhang 2019 1
1.1.3. Liu 2017 2
2. Clinical Practice Guidelines 2
2.1. European Interdisciplinary Guidelines (UEG, EPC, EDS, ESDO, EAGEN, ESPGHAN, ESGAR, ESPCG) 2026 ⊕ 2

Acute Pancreatitis

Pancréatite aigue

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhu 2021

Zhu F, Yin S, Zhu X, Che D, Li Z, Zhong Y, Yan H, Gan D, Yang L, Wu X, Li L. Acupuncture for Relieving Abdominal Pain and Distension in Acute Pancreatitis: A Systematic Review and Meta-Analysis. Front Psychiatry. 2021 Dec 3;12:786401. https://doi.org/10.3389/fpsyt.2021.786401

Background	Clinical evidence suggests that acupuncture is effective for relieving abdominal pain and distension in acute pancreatitis (AP). However, there is a lack of systematic reviews and meta-analyses that provide high-quality evidence of the efficacy and safety of acupuncture in this context.
Aim	To assess the efficacy and safety of acupuncture for relieving abdominal pain and distension in AP.
Methods	We searched the PubMed, Web of Science, Embase, Cochrane Library, CNKI, Wanfang, VIP, and China Biomedical Literature databases. Randomized controlled trials of acupuncture plus routine treatment (RT) vs. RT alone or RT plus sham/placebo acupuncture were included. Primary outcomes included total effectiveness rate, VAS scores for abdominal pain and distension, and time until relief of abdominal pain and distension. Secondary outcomes included time until recovery of bowel sound, time until first defecation, length of hospital stay, and APACHE II score.
Results	**Nineteen eligible original studies (n = 1,503)** were included. The results showed that acupuncture in combination with RT had a significant advantage in terms of increasing the total effectiveness rate [risk ratio: 1.15; 95% confidence interval (CI): 1.06–1.24; P = 0.001]. Acupuncture also reduced the VAS score for abdominal pain [weighted mean difference (WMD): −1.45; 95% CI: −1.71 to −1.19; P < 0.0001] and the VAS score for abdominal distension (WMD: −0.71; 95% CI: −1.04 to −0.37; P < 0.0001) in patients with AP. Other results also showed the efficacy of acupuncture. One study reported adverse events after acupuncture.
Conclusion	Acupuncture in combination with RT has a better effect than RT alone for relieving abdominal pain and distension in AP. More rigorous studies are needed to confirm this result.

1.1.2. Zhang 2019

Zhang K, Gao C, Li C, Li Y, Wang S, Tang Q, Zhao C, Zhai J. Acupuncture for Acute Pancreatitis: A Systematic Review and Meta-analysis. Pancreas. 2019;48(9):1136-1147. https://doi.org/10.1097/MPA.0000000000001399

Objective	The objective of this study was to assess the efficacy and safety of acupuncture plus routine treatment (RT) for acute pancreatitis (AP).
Methods	Literature searches were performed in 8 databases up to October 31, 2018. Randomized controlled trials comparing acupuncture plus RT with RT alone for AP were included.
Results	**Twelve eligible studies** were included finally. The meta-analysis showed that acupuncture plus RT compared with RT alone could significantly improve the total effective rate and gastrointestinal function and reduce the Acute Physiology, Age, Chronic Health Evaluation II score, tumor necrosis factor α count, the time of resuming to diets, and the length of hospital stay. Only 3 of the studies reported adverse events or reactions.
Conclusion	This study suggested that acupuncture combined with RT may be effective for AP. However, more rigorously designed randomized controlled trials are warranted to confirm the current evidence.

1.1.3. Liu 2017

Liu H, Ye Q, Chen X, Li P. Meta-analysis of Acupuncture as Adjuvant Therapy in Improving Gastrointestinal Function of Acute Pancreatitis Patients. Journal of Guangzhou University of Traditional Chinese Medicine. 2017;34(3).

Objective	To evaluate the clinical effect of acupuncture as an adjuvant therapy for acute pancreatitis (AP).
Methods	The databases CNKI, VIP, Wanfang, PubMed, Embase, and Cochrane Library were searched. Randomized controlled trials comparing routine Western medicine alone with routine Western medicine combined with acupuncture were included. The methodological quality of eligible studies was assessed and outcomes were pooled using meta-analysis.
Results	**Seven randomized controlled trials involving 371 patients** with acute pancreatitis were included. Compared with routine treatment alone, acupuncture combined with routine treatment significantly reduced the time to abdominal pain relief (WMD = -1.44; 95% CI: -2.38 to -0.50), abdominal distension relief (WMD = -2.50; 95% CI: -4.07 to -0.73), first defecation (WMD = -1.95; 95% CI: -3.51 to -0.39), recovery of bowel sounds (WMD = -1.39; 95% CI: -2.44 to -0.34), normalization of blood amylase (WMD = -2.09; 95% CI: -3.22 to -0.96), and length of hospital stay (WMD = -3.70; 95% CI: -6.04 to -1.36). The reduction in time to first anal exhaust (WMD = -1.79; 95% CI: -3.73 to -0.14) did not reach statistical significance.
Conclusion	Acupuncture as an adjunctive therapy may improve gastrointestinal recovery in patients with acute pancreatitis and shorten the time to normalization of blood amylase levels and hospital discharge. However, because of the generally low methodological quality of the included studies, further well-designed randomized controlled trials are required to confirm these findings.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. European Interdisciplinary Guidelines (UEG, EPC, EDS, ESDO, EAGEN, ESPGHAN, ESGAR, ESPCG) 2026 ⊕

Pandanaboyana S, Knoph CS, Kuhlmann L, Forget P, Pogatzki-Zahn E, Huang W, Bonovas S, Piovani D,

Scheers I, Cárdenas-Jaén K, Regner S, Drewes AM; European Pain in Acute Pancreatitis Multidisciplinary Group. European Interdisciplinary Guidelines on Pain Management in Acute Pancreatitis: UEG, EPC, EDS, ESDO, EAGEN, ESPGHAN, ESGAR, and ESPCG Evidence-Based Recommendations. United European Gastroenterol J. 2026 Jun;14(5):e70230. https://doi.org/10.1002/ueg2.70230

8.2 Question 6.2. In patients admitted with acute pancreatitis, does pain management by acupuncture as compared with conventional treatment reduce the severity of abdominal pain and improve gut function? Statement 6.2. We suggest that acupuncture with appropriate acupoints may be effective in relieving abdominal pain and reducing the time to oral intake without significant side effects in patients with AP and may be considered. GRADE Certainty of Evidence: Low. Recommendation: Weak. Consensus agreement: 82.8%

Supporting evidence:

- 168. Zhu F, Yin S, Zhu X, Che D, Li Z, Zhong Y, Yan H, Gan D, Yang L, Wu X, Li L. Acupuncture for Relieving Abdominal Pain and Distension in Acute Pancreatitis: A Systematic Review and Meta-Analysis. Front Psychiatry. 2021 Dec 3;12:786401. https://doi.org/10.3389/fpsyt.2021.786401
- 169. Kee Jang D, Kyu Lee J, Yung Jung C, Ho Kim K, Ra Kang H, Sun Lee Y, Hwa Yoon J, Ro Joo K, Kyu Chae M, Hyeon Baek Y, Seo BK, Hyub Lee S, Lim C. Electroacupuncture for abdominal pain relief in patients with acute pancreatitis: A three-arm randomized controlled trial. J Integr Med. 2023 Nov;21(6):537-542. https://doi.org/10.1016/j.joim.2023.10.004

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