

Management of Acute Pancreatitis: a Prospective Study

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Abstract

Introduction: Acute pancreatitis is characterised by sudden onset of abdominal pain. Gallstones disease, alcoholism are the commonest causes of acute pancreatitis. *Material Method:* The study was carried to judge the outcome and efficacy of pancreatitis. Patients presenting with acute pain abdomen with clinical presentation of pancreatitis proven with investigation were managed conservatively. *Results:* 28 patients were studied who were between 35-47years. There were no mortalities. 3 patients developed pseudocyst and 3 patients developed pancreatic necrosis. *Conclusion:* Conservative management is preferred treatment of acute non infective pancreatitis.

Keywords: Pancreatitis; Gallstone; Conservative; Alcoholism.

Introduction

Acute pancreatitis means sudden inflammation of pancreas clinically characterised by sudden onset of pain and raised liver enzymes in blood. Acute biliary pancreatitis is one of the commonest form of pancreatitis. The other common cause is alcoholic pancreatitis. The incidence of acute pancreatitis ranges between 10-50/1000 surgical admission of a surgical unit [1,2].

Gall stones are the commonest cause of pancreatitis accounting for 60% of all the cases [3]. In north India the incidence of gall stone pancreatitis is greater than

alcoholic pancreatitis. Raised alanine transferase has a predictive value of 95% for pancreatitis. Majority of patients recover without any sequelae.

Material & Methods

A prospective study was carried by our surgical unit of a tertiary care hospital. Patient with acute pain abdomen and pancreatitis was confirmed with clinical diagnosis, liver enzymes and radiological findings. Study was between jan 2013 to july 2017 in a surgical unit of a tertiary care hospital. Patients were diagnosed with ultrasound abdomen, CT scan and liver enzymes.

Results

Twenty-eight patients were diagnosed with pancreatitis of which 16 were of biliary pancreatitis and 12 were alcoholic pancreatitis. Diagnosis was confirmed by ultrasound, CT scan and raised serum amylase and lipase levels. Majority of patients recovered without any complications. The common complications are necrosis, abscess, pseudocyst, hemorrhage and systemic complications like ARDS and pleural effusion.

Seven patients of biliary pancreatitis were treated with ERCP followed with laparoscopic cholecystectomy. 7 patients were subjected to ERCP with sphincterotomy and CBD stenting and managed conservatively. Patients were between 35-47years. commonest symptoms were abdominal pain (100%), nausea (37%) and jaundice (17%). Patients of infective pancreatitis necrosis were referred for percutaneous drainage of pancreatitis abscess to the Gastroenterologist. Most patients recovered without

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any sequel. Follow-up period was 9 months. There were no mortalities among the 28 patients who were studied.

Discussion

This study was undertaken to evaluate the management and outcome of acute pancreatitis. Majority of patients recovered without any sequel with conservative management. Morbidity of infective necrosis is the commonest cause of intervention [4].

Imaging guided percutaneous catheter drainage is the efficient tool for infective pancreatitis management. Ultrasound may show pancreatic swelling in 25% of acute pancreatitis but is helpful for establishing biliary etiology [5].

Pancreatic necrosectomy is for patients of infective necrotising pancreatitis with severe sepsis who do not respond to medical treatment. The timing of surgery is crucial and best results are obtained for 3rd week and post-operative care is crucial [6].

Conclusion

Acute cholecystitis is the commonest presentation of pancreatitis. Guidelines of management suggested that every patient with severe acute biliary pancreatitis should undergo ERCP and sphincterotomy within 72 hour (7).

Conservative management of acute pancreatitis causes excellent recovery. Patients of infective pancreatic necrosis should be treated with pancreatic necrosectomy.

References

1. Fogel EL, Shermaro. Acute biliary pancreatitis, when should endoscopist intervene. *Gastroenterology* 2003; 125:229-235.
2. Ramjan M, Hameed F, Ahmad B. Incidence of SIRS in acute biliary pancreatitis. *APMC*. 2009;3:59-62.
3. Anderson R, Anderson B, Herald P, Drensen G, Eken wall G. Incidence, management and recurrence rates of acute pancreatitis, *Scand J Gastroenterol*. 2004 Sep;39(9):891-4
4. Perry AF, Dillon ES, LeendS, Crockett SR, MCGOWEN CE et al. Burden of Gastrointestinal Disease in the United States: 2012 Update. *Gastroenterology* 2012 Nov;143(5):1179-1187.
5. UK working party of acute pancreatitis; UK guidelines for management of acute pancreatitis. *Gut* 2005;59:109.
6. Wittam M, Scheele J, Goltz I, Hense-brus D, Iseman R, Changing role of surgery in necrotizing pancreatitis- a single centre experience, *Hepato gastrolin* 57(102-103):1300-1304.
7. Liu CL, Lo CM, Fan ST. Acute biliary pancreatitis: diagnosis and management. *World J Surg*. 1997;21:149-154.