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**PANCREATIC
PROBLEMS**

- 
- Acute Pancreatitis
 - Chronic Pancreatitis
 - Pancreatic Tumors
 - Pancreas Transplant



Acute Pancreatitis

- A non-bacterial inflammatory disease caused by activation and autodigestion of the pancreas by its own enzymes



Etiology

- 1- Gall stones
- 2- Alcohol
- 3- Hypercalcemia
- 4- Hyperlipidemia
- 5- Familial
- 6- Drug induced



Etiology

7- Obstruction

8- Viral infection

9- Iatrogenic

10- Trauma

11- Scorpion bite

12- Idiopathic



History

- Epigastric pain
- Nausea and vomiting
- Previous attacks
- Underlying disease

Examination

- ↓ BP ↑ PR and Temperature
- Dehydration
- Shock
- Epigastric tenderness
- Grey Turner's & Cullen's signs
- Pleural effusion







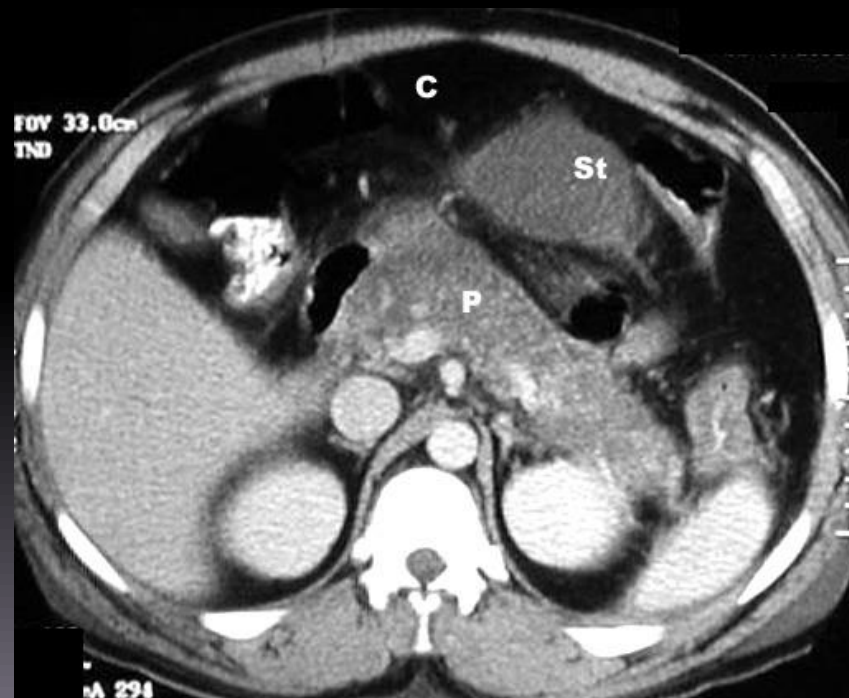


Lab

- ↑ WBC
- ↑ Lipase
- ↑ Amylase
- Ca & lipids

Radiology

- AXR → sentinel loop
- CT → Phlegmon





ADAM.

Early stage, edema,
congestion

Sterile necrosis



Advanced pancreatitis,
hemorrhage, fat necrosis



Ranson's Criteria

- On admission

Age > 55

WBC > 16,000

Glucose > 11

AST > 250

LDH > 350

Ranson's Criteria

- During 24-48 hrs

Hematocrit ↓ >10%

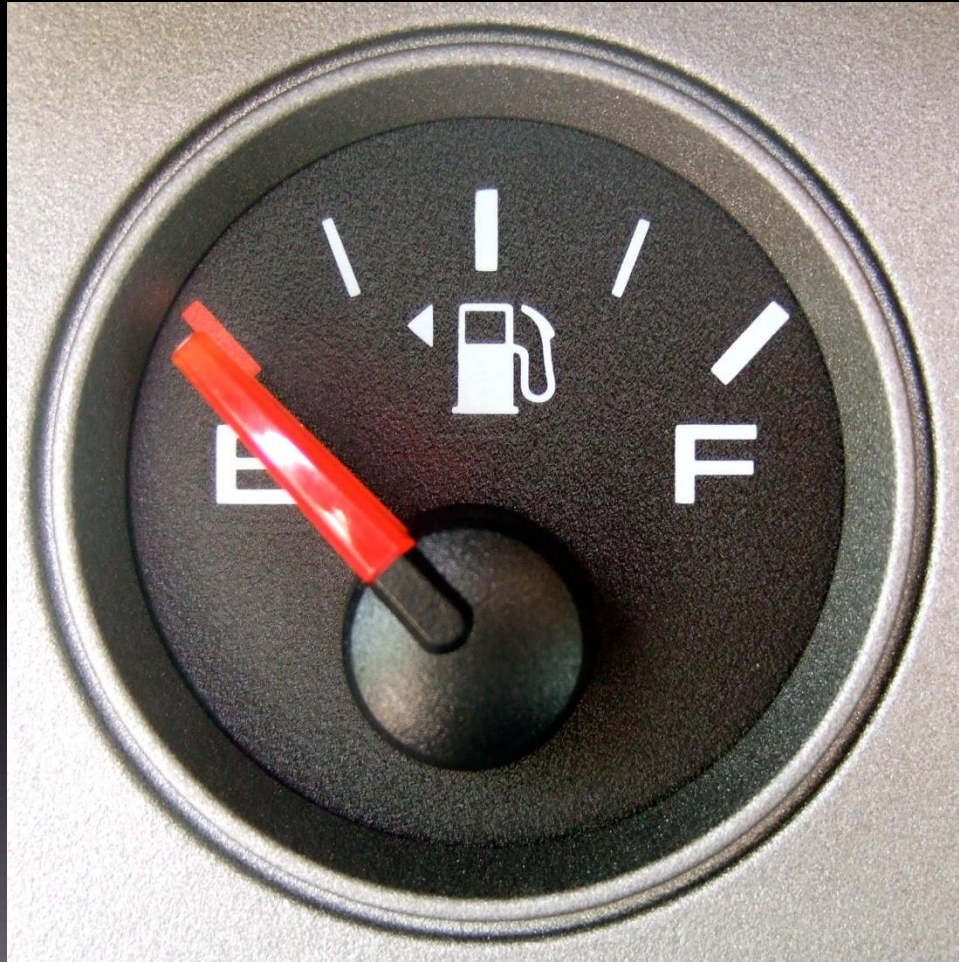
Urea ↑ > 8mg/dl

Fluid sequestration > 6 L

PO₂ < 60

Base deficit > 4

Ca < 8 mg/dl







Management

- 1- Rest the patient (Analgesia)
- 2- Rest the bowel (NPO + NG)
- 3- Rest the pancreas (NPO)

IVF

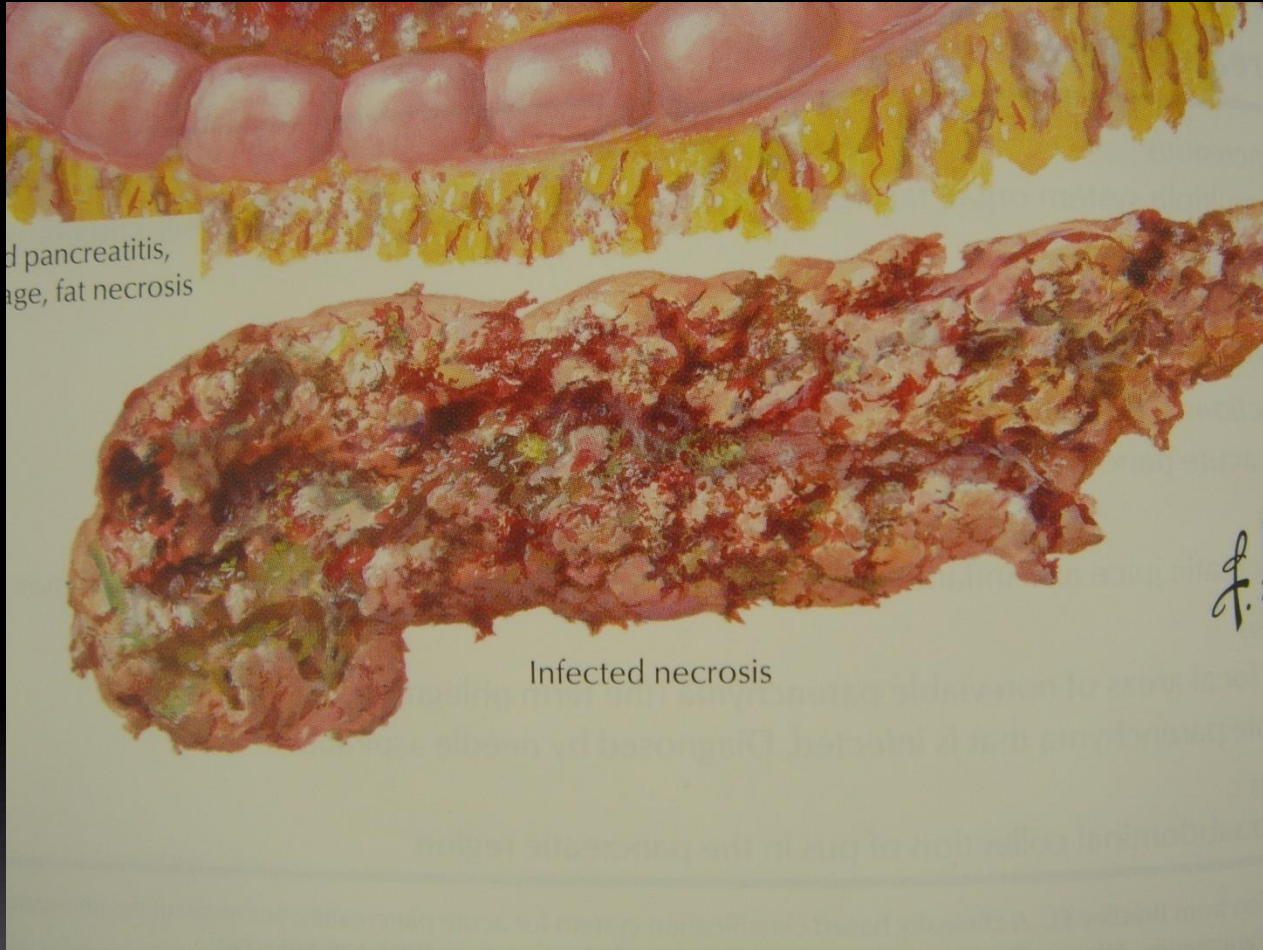
- 
- Cholecystectomy
 - ERCP



Complications

- Necrosis
- Infected necrosis
- Abscess
- Pseudocyst

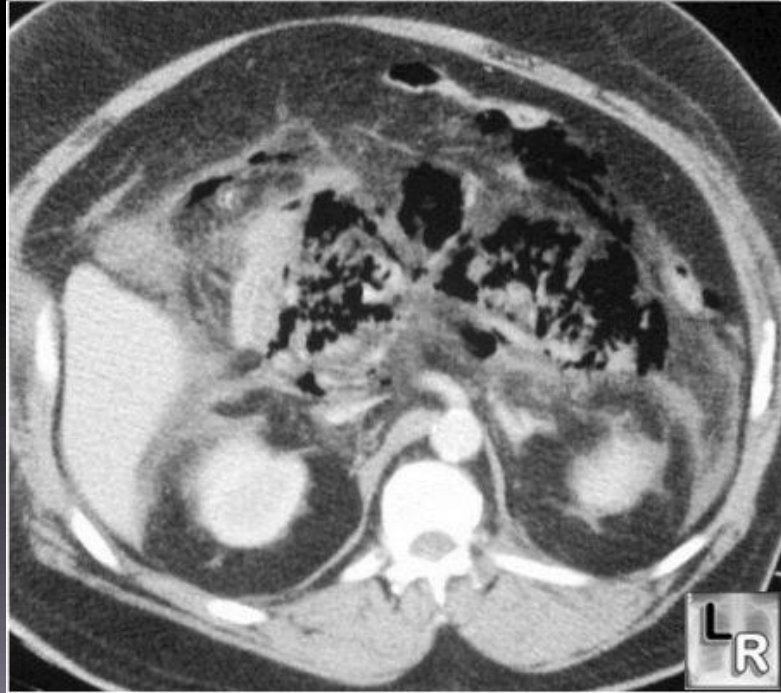




d pancreatitis,
age, fat necrosis

Infected necrosis

J. S.






Pseudocyst

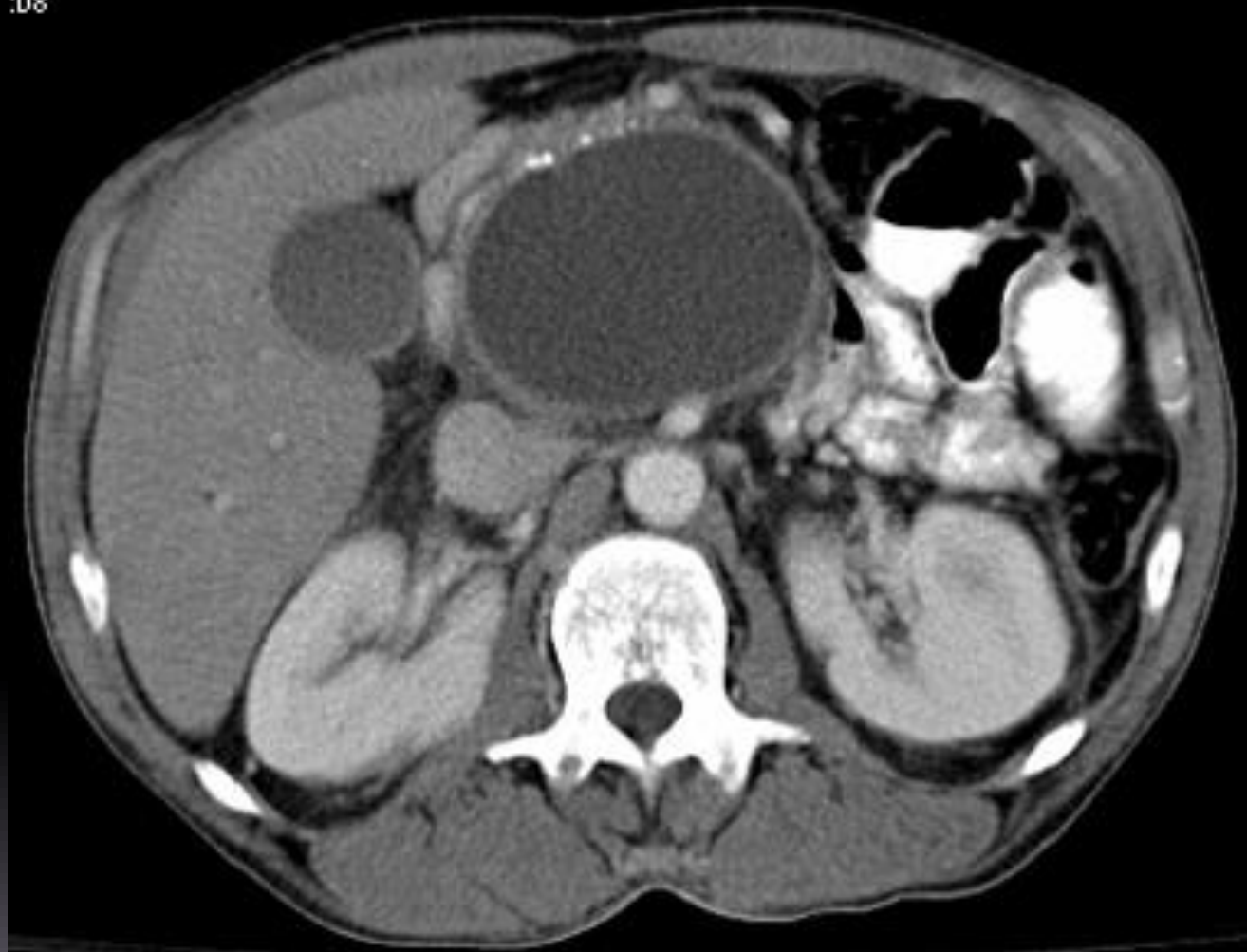
History

- Failure of pancreatitis to recover or recurrence of symptoms
- Abdominal pain
- Pressure symptoms



- 
- Epigastric mass
 - ↑ Lipase or WBC
 - Obstructive jaundice
 - CT scan


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Complications

- 1- Infection
 - 2- Rupture
 - 3- Bleeding
- 



Treatment

- Observe for 6-12 weeks
- Drainage indicated in
 - 1- Infection (external)
 - 2- Symptomatic (internal)
 - 3- > 5 cm (internal)



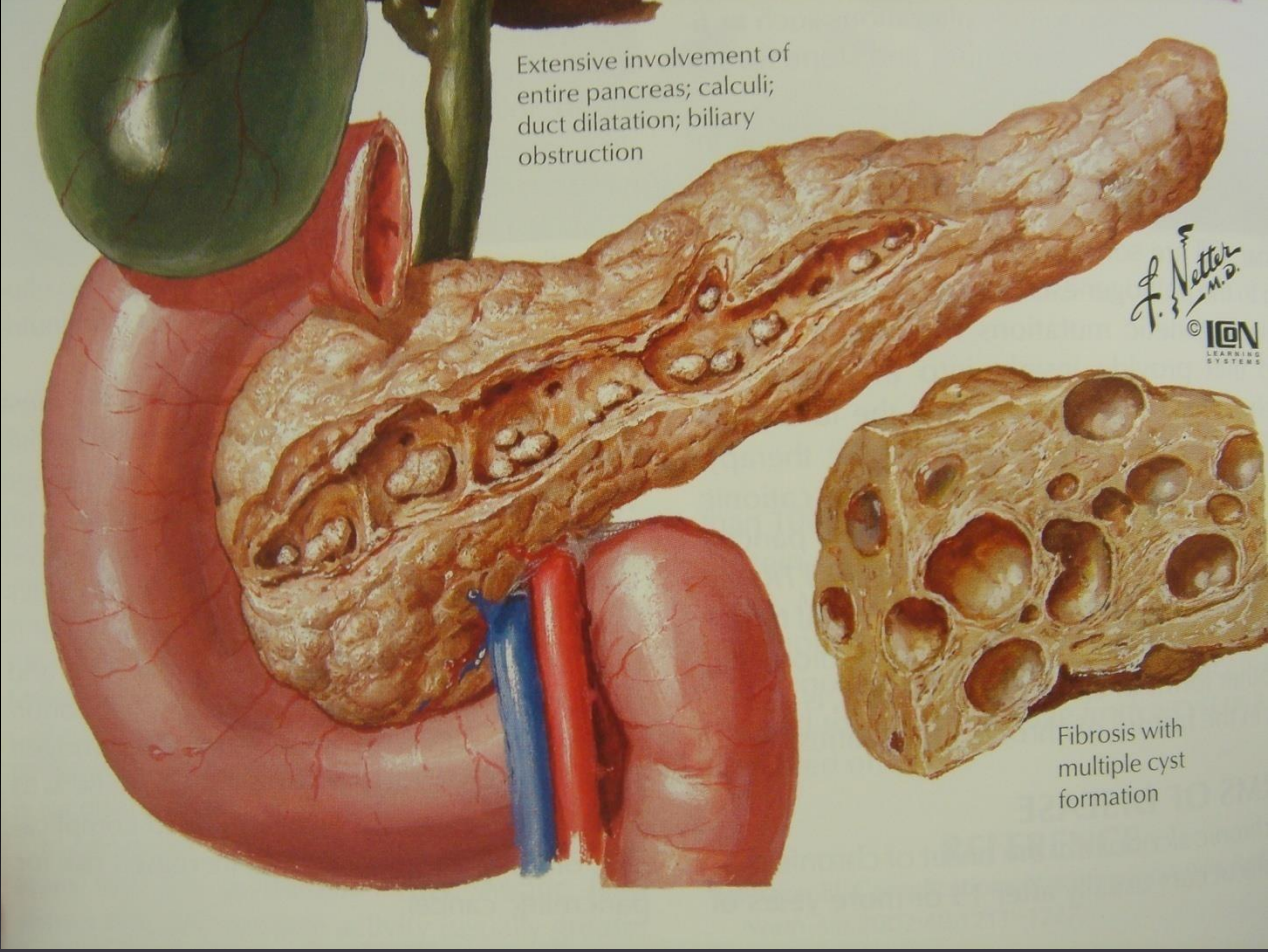






Chronic Pancreatitis

- Progressive inflammatory disease of the pancreas causing fibrosis and loss of endocrine and exocrine function.
- Commonest cause is alcohol



Extensive involvement of
entire pancreas; calculi;
duct dilatation; biliary
obstruction

F. Netter
M.D.
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Fibrosis with
multiple cyst
formation



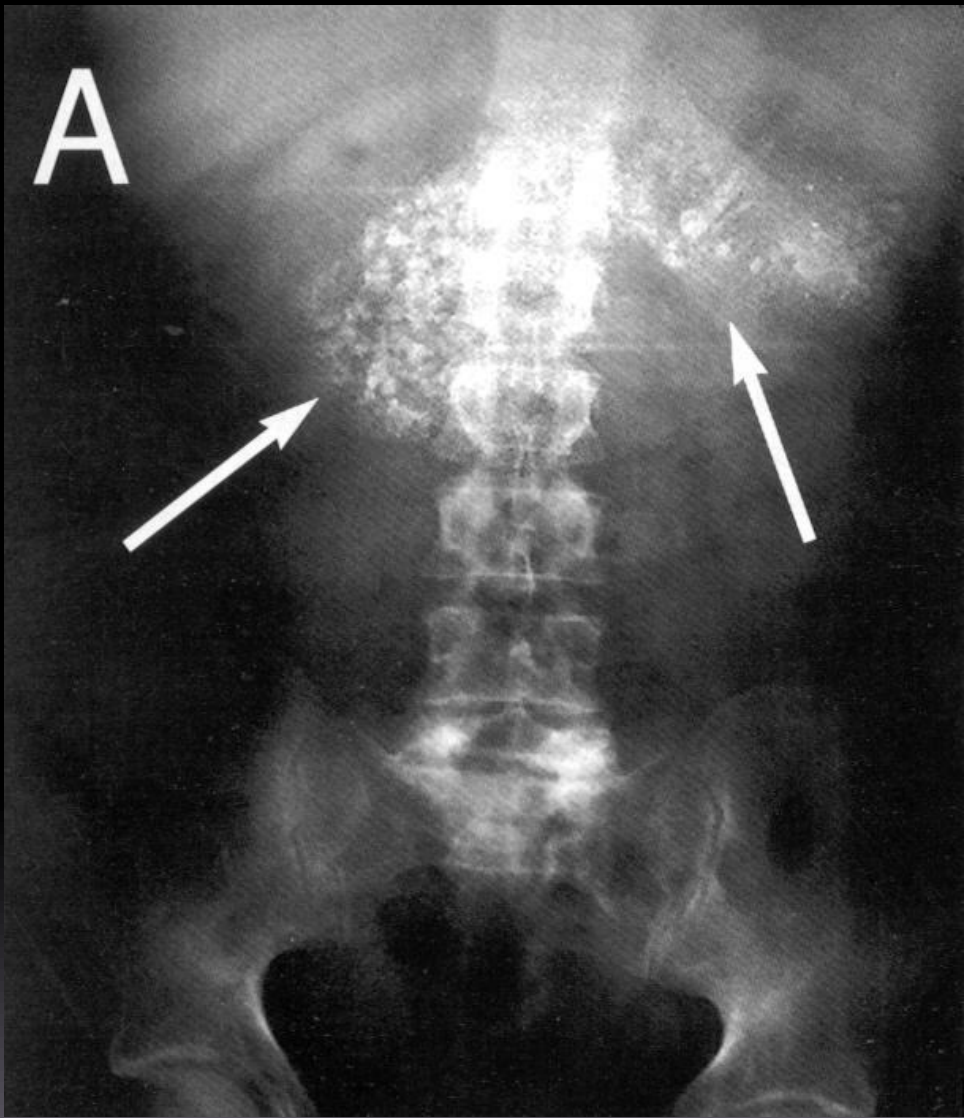
Symptoms

- 1- Abdominal pain
- 2- Malabsorbtion
- 3- Diabetes



Diagnosis

- Lipase/Amylase usually normal
- ↑ Glucose
- AXR calcification
- CT Calcification, atrophy, dilated ducts





Complications

- 1- Biliary obstruction
- 2- Pseudocyst
- 3- Carcinoma
- 4- Splenic vein thrombosis



Treatment

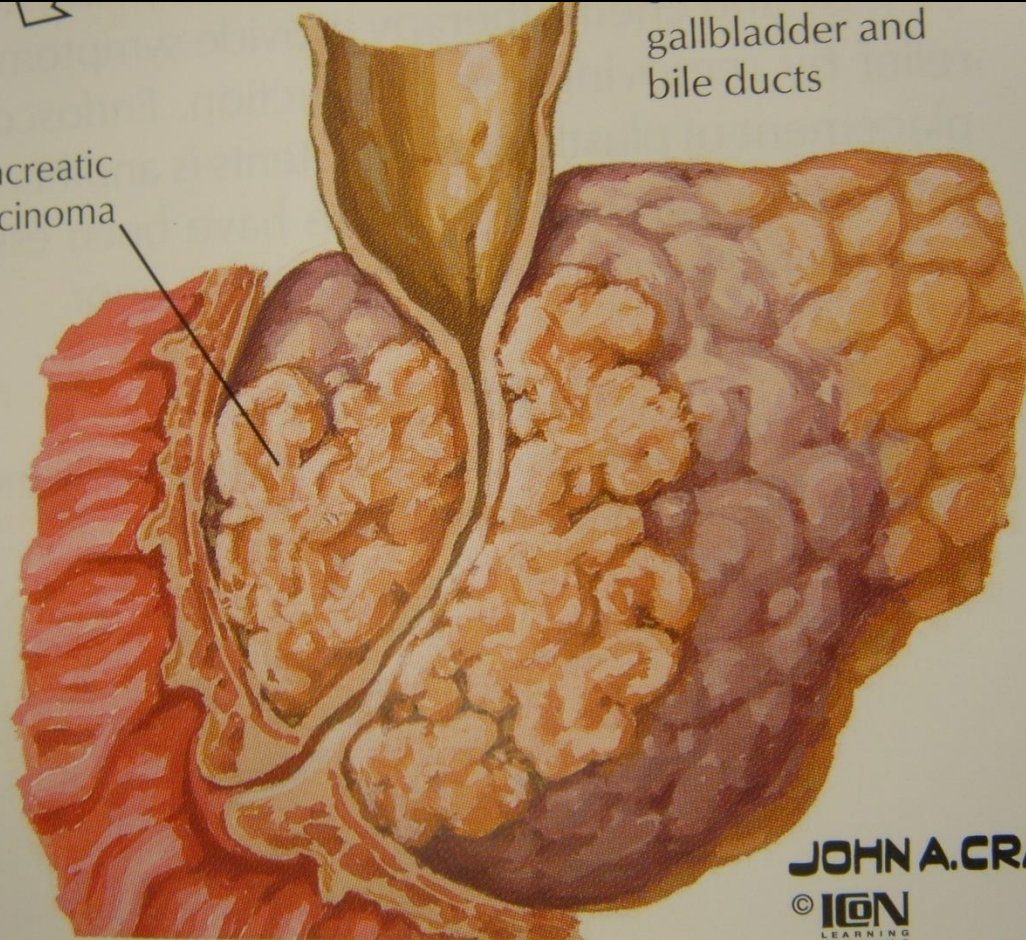
- Pancreatic enzymes
- Insulin
- Analgesia
- Celiac block
- Surgical drainage
- Pancreatectomy

Pancreatic adenocarcinoma

- 3rd leading cause of cancer death in men 35-55
- ↑ with cigarette smoking, fatty food, remote gastrectomy and in blacks
- Other factors, Chronic pancreatitis, polyposis syndromes, family history and cholecystectomy.
- 70% in the head

Pancreatic carcinoma

gallbladder and
bile ducts



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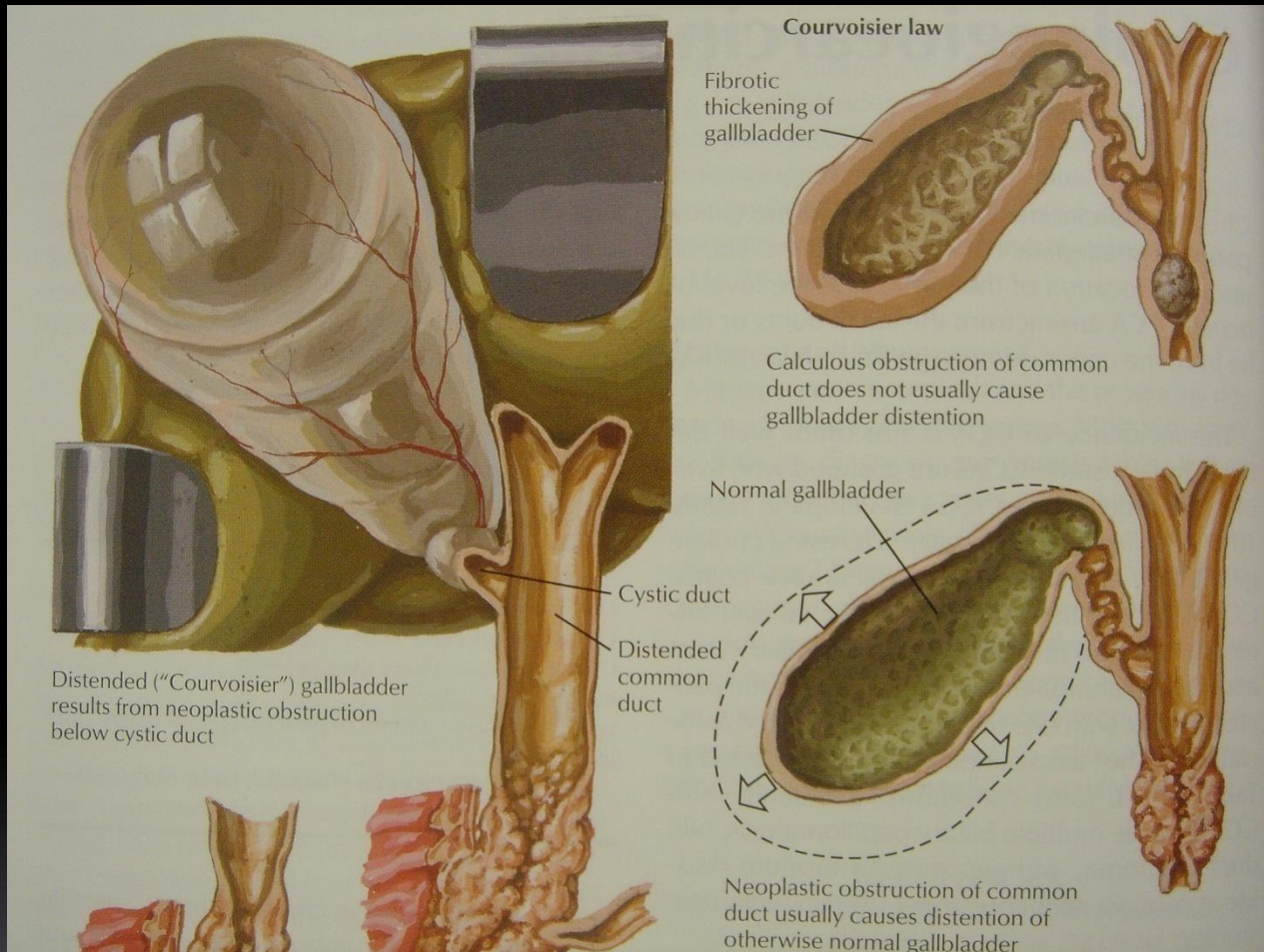
History

- Weight loss
- Jaundice
- Deep seated pain
- Back pain
- Gastric outlet obstruction



Examination

- Jaundice
- Fever
- Hepatomegaly
- Palpable gallbladder
- Succession splash





Lab

- Obstructive jaundice
- ↑ WBC
- CA 19-9
- US
- CT
- ERCP



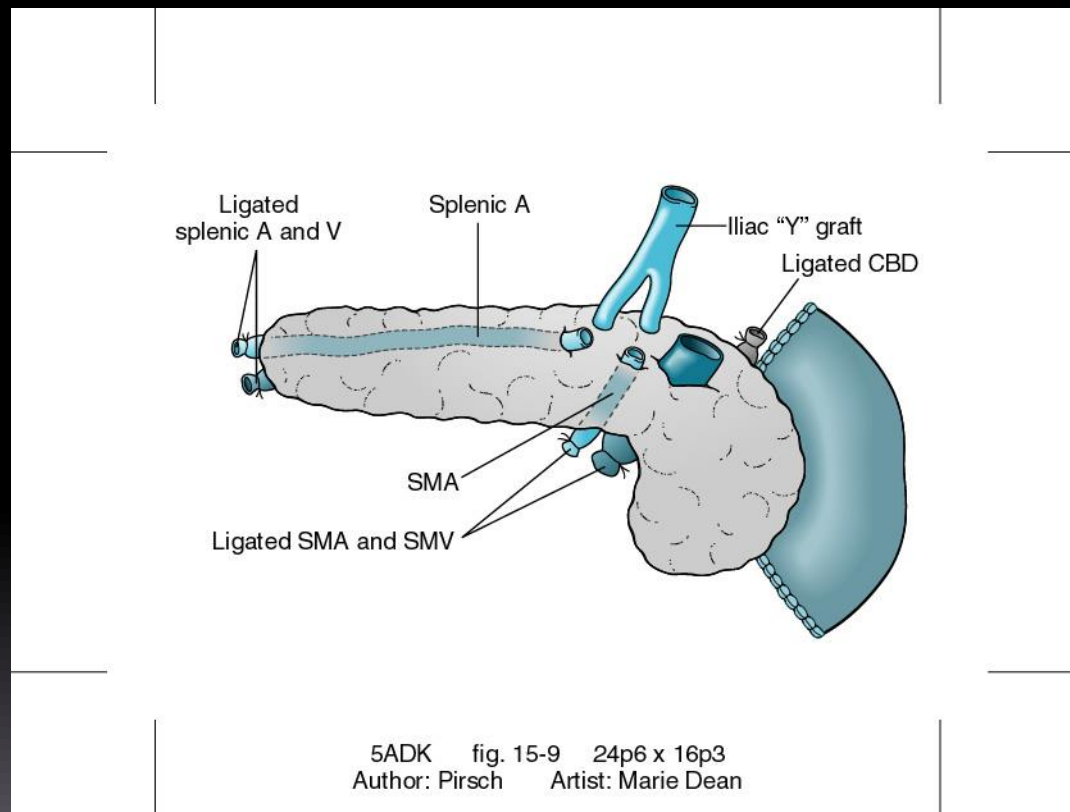


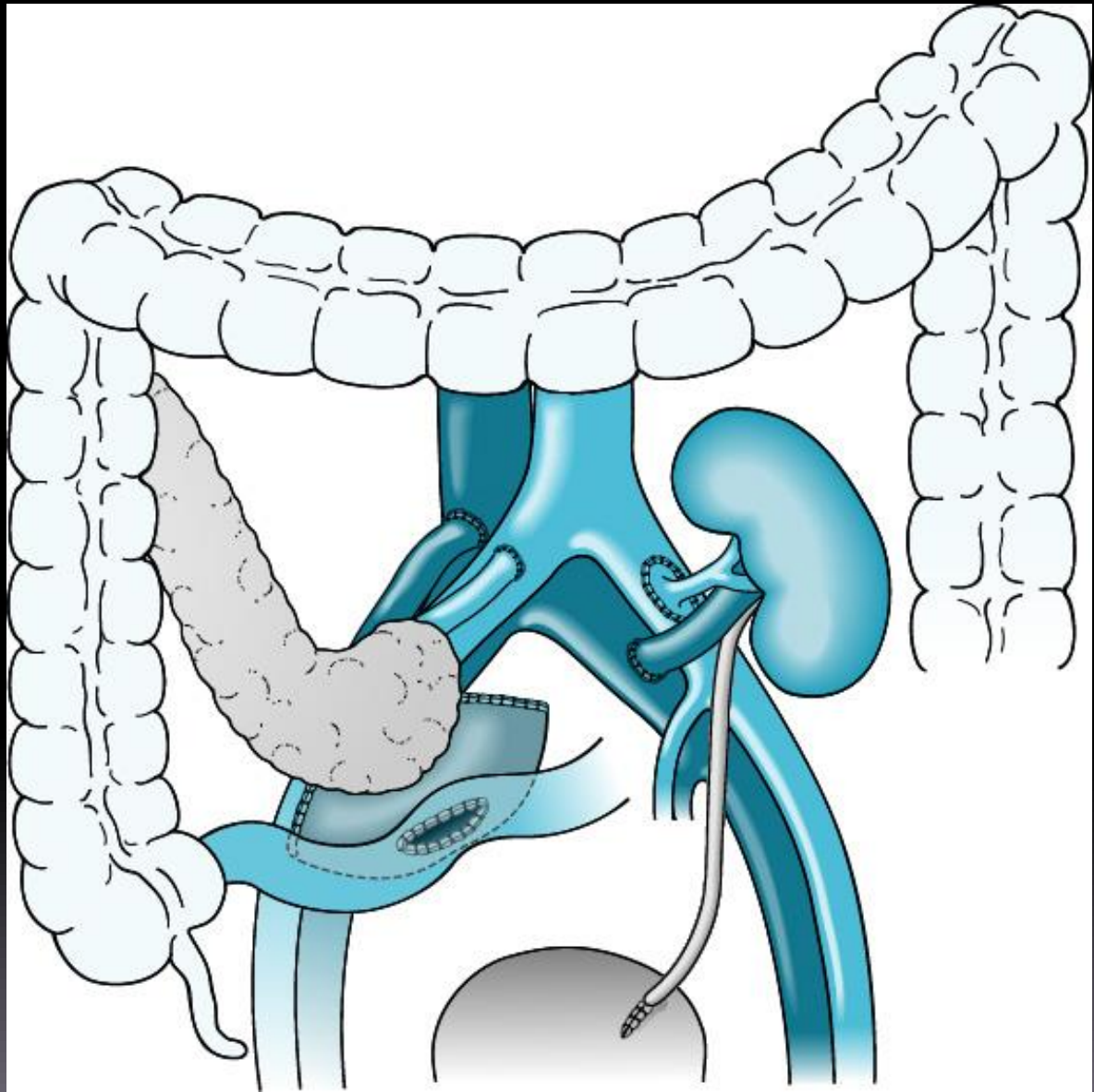


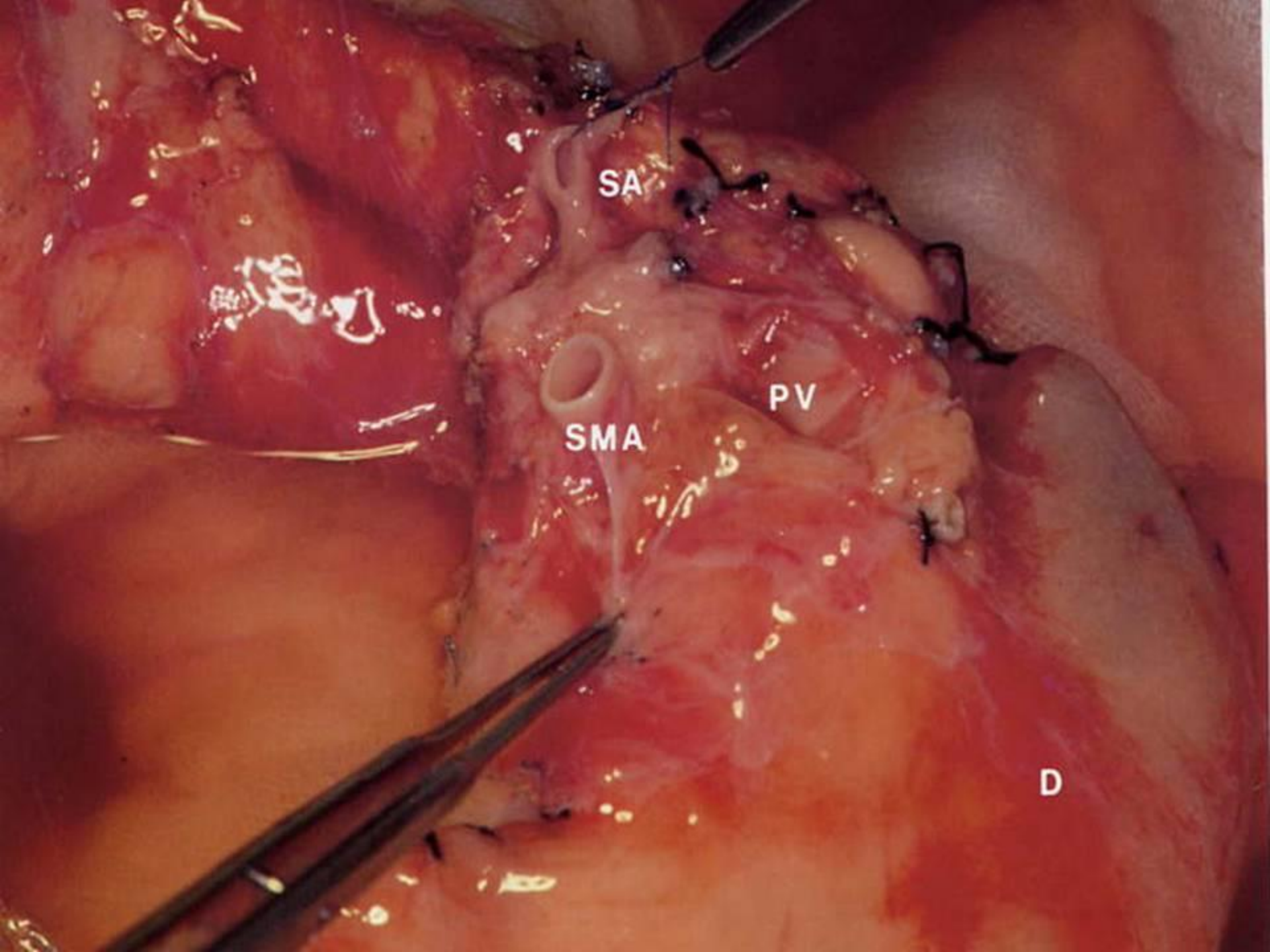
Management

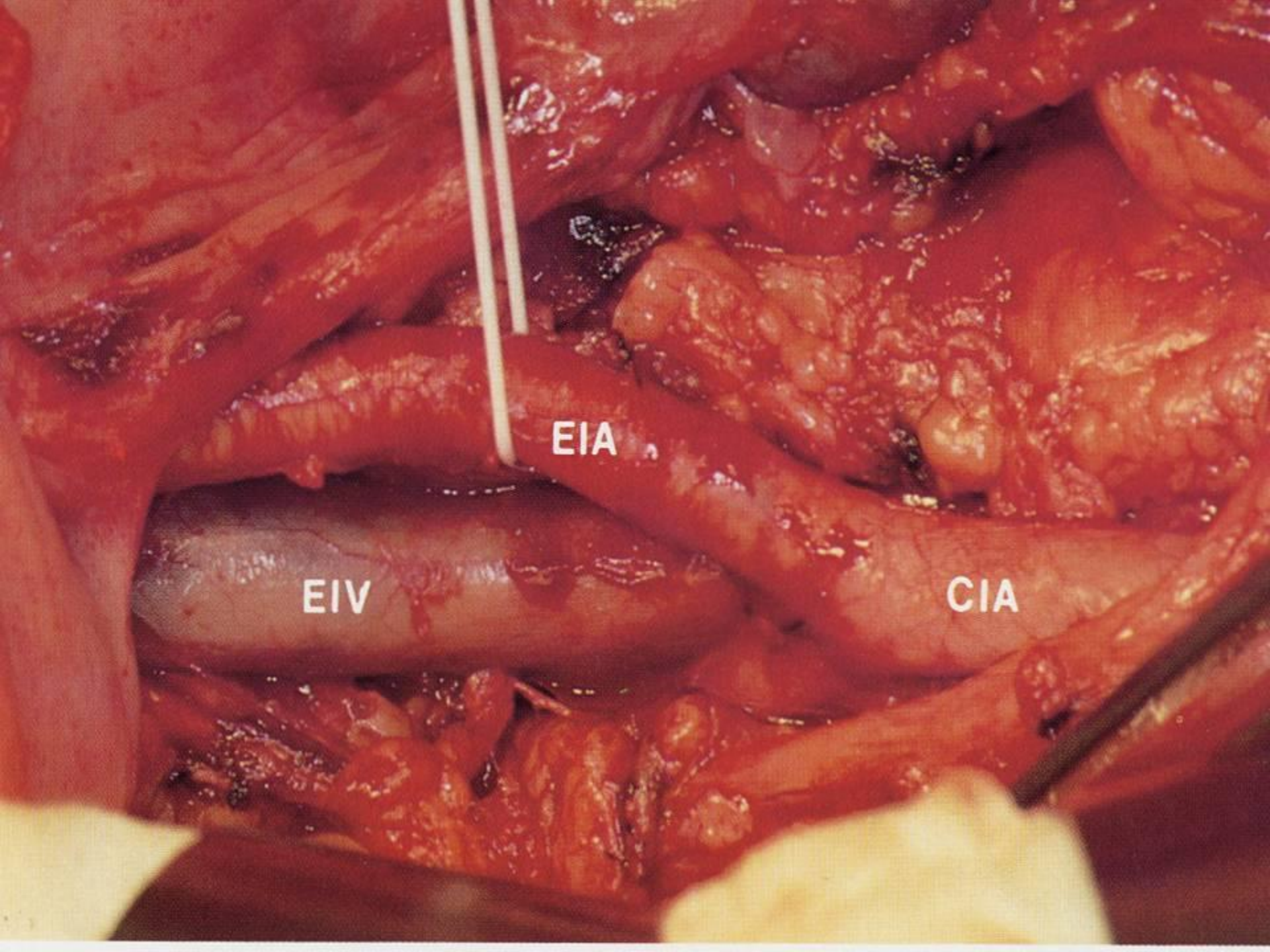
- assess resectability (rule out local invasion and distant metastasis)
- Whipple's resection
- Palliative biliary and gastric drainage
- Poor long term survival

Pancreas Transplant





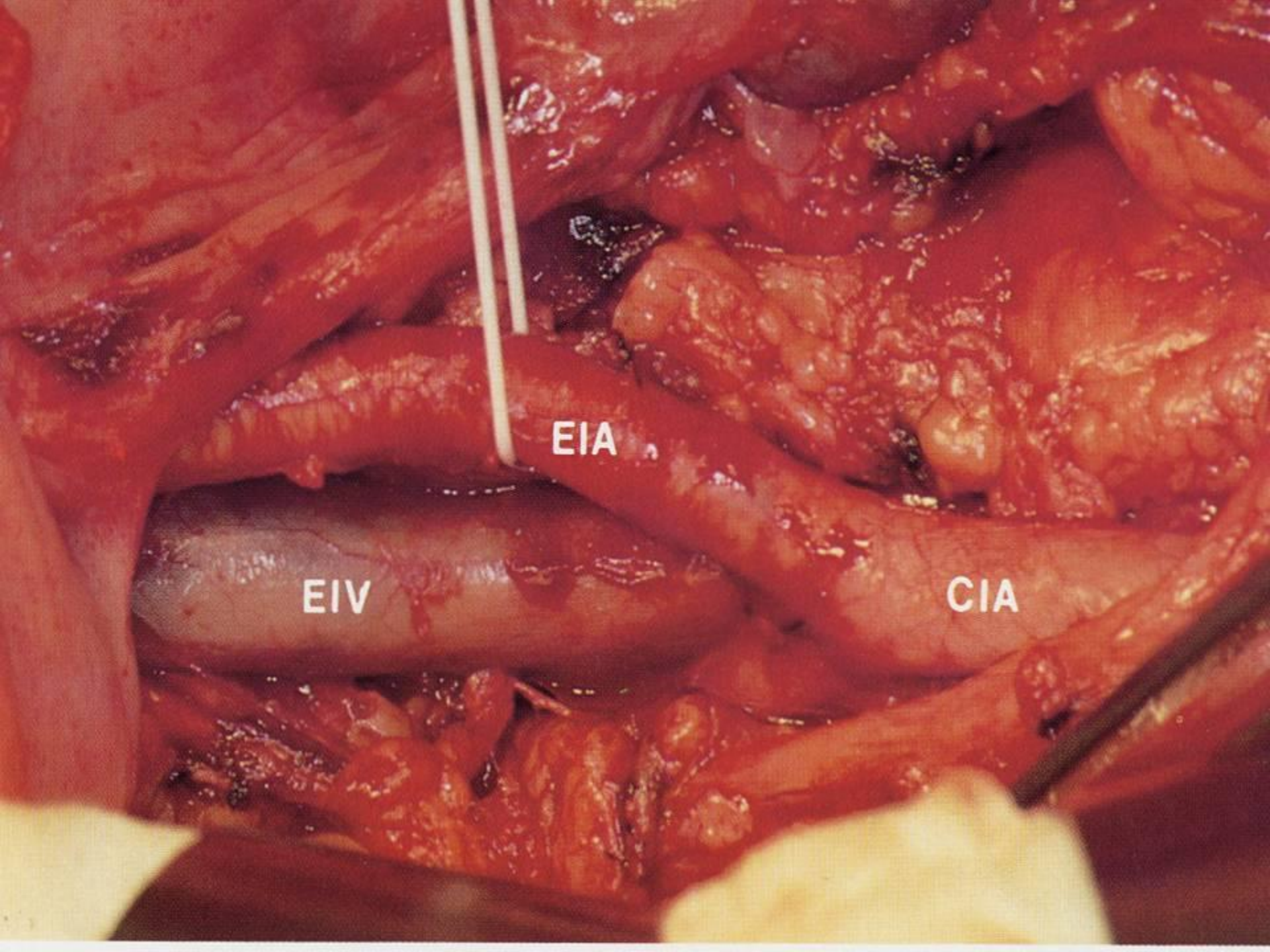




EIA

EIV

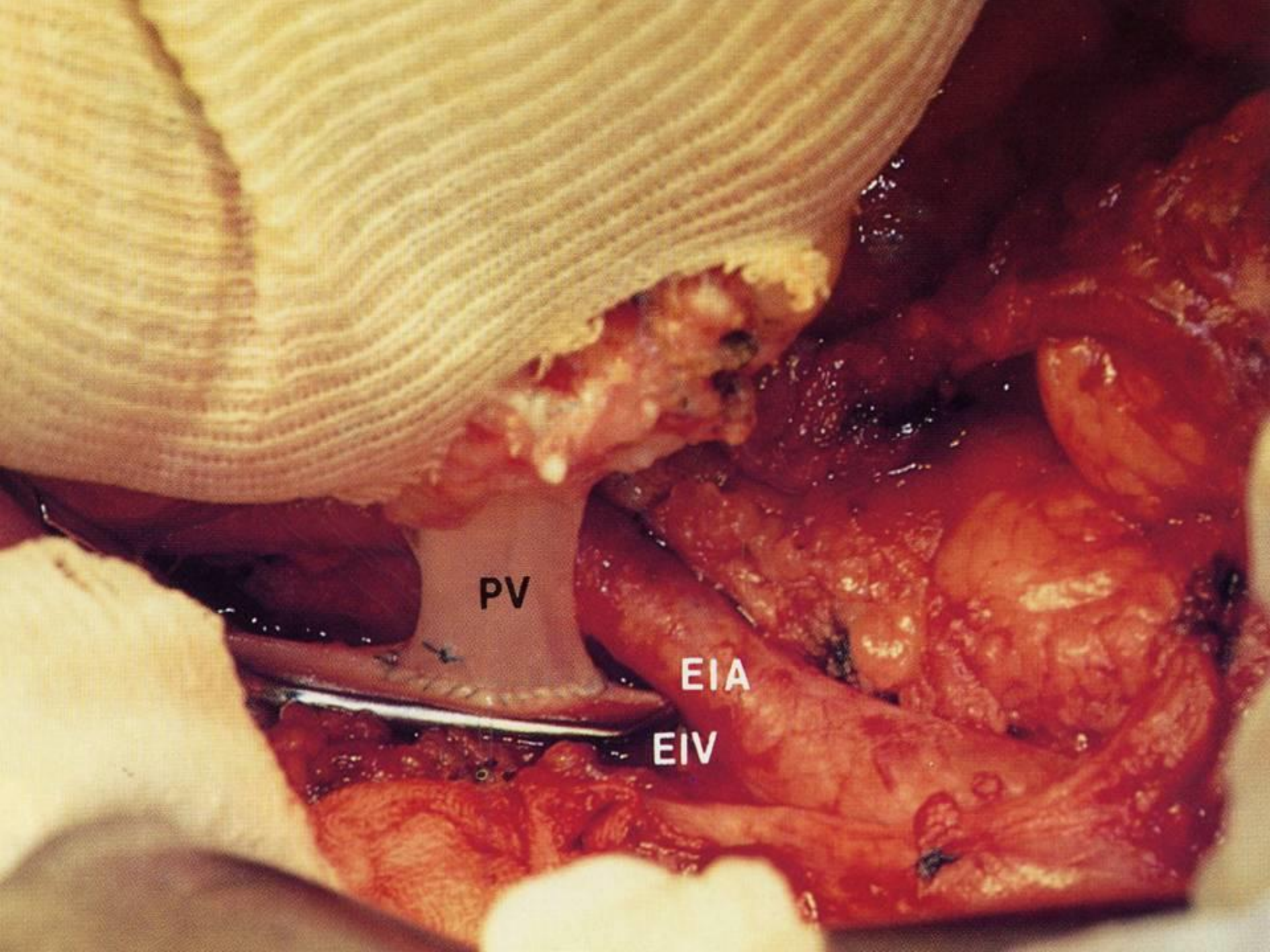
CIA



EIA

EIV

CIA



PV

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