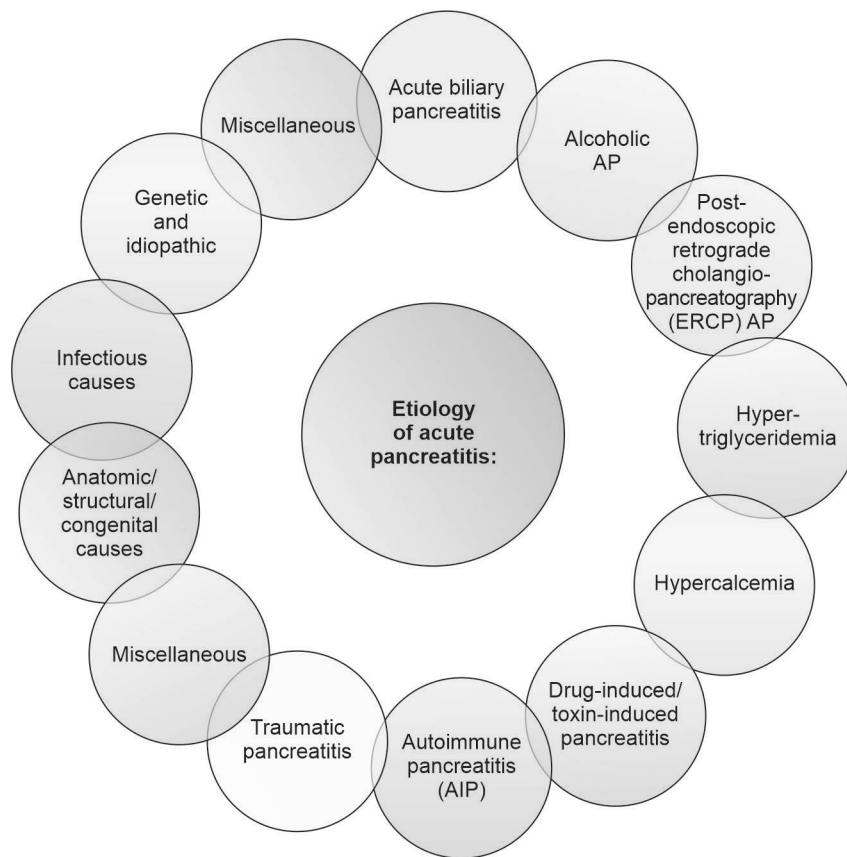
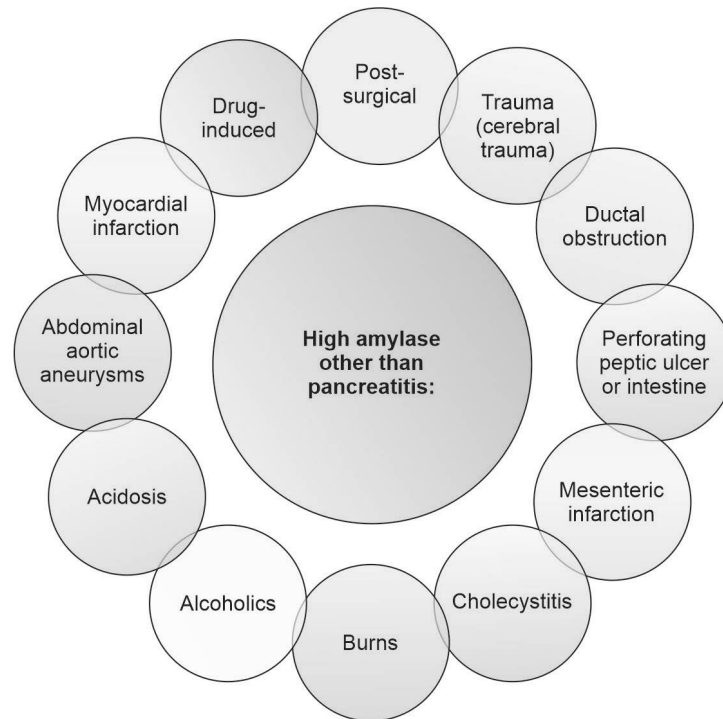
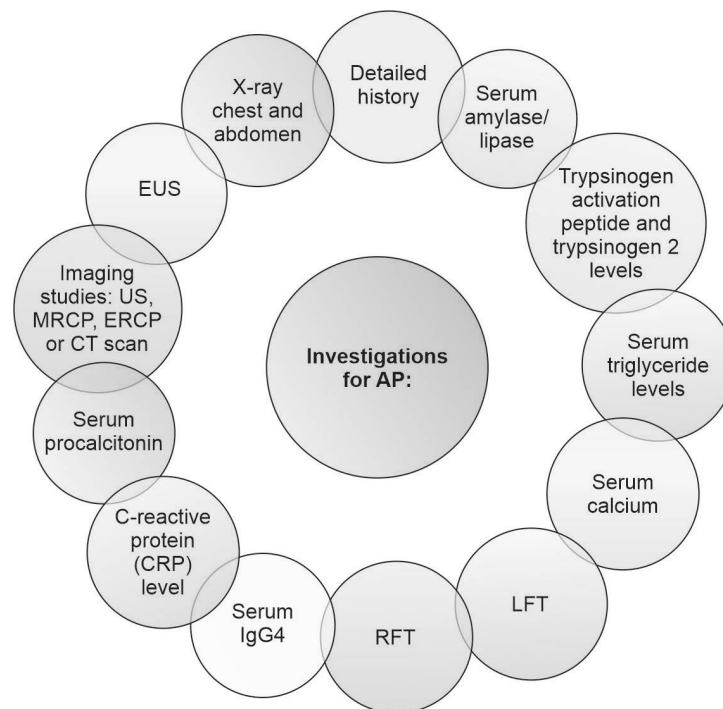


Pancreas

Causes of Acute Pancreatitis

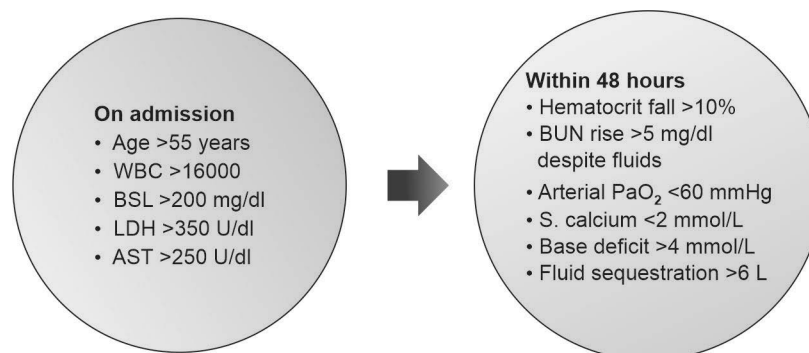


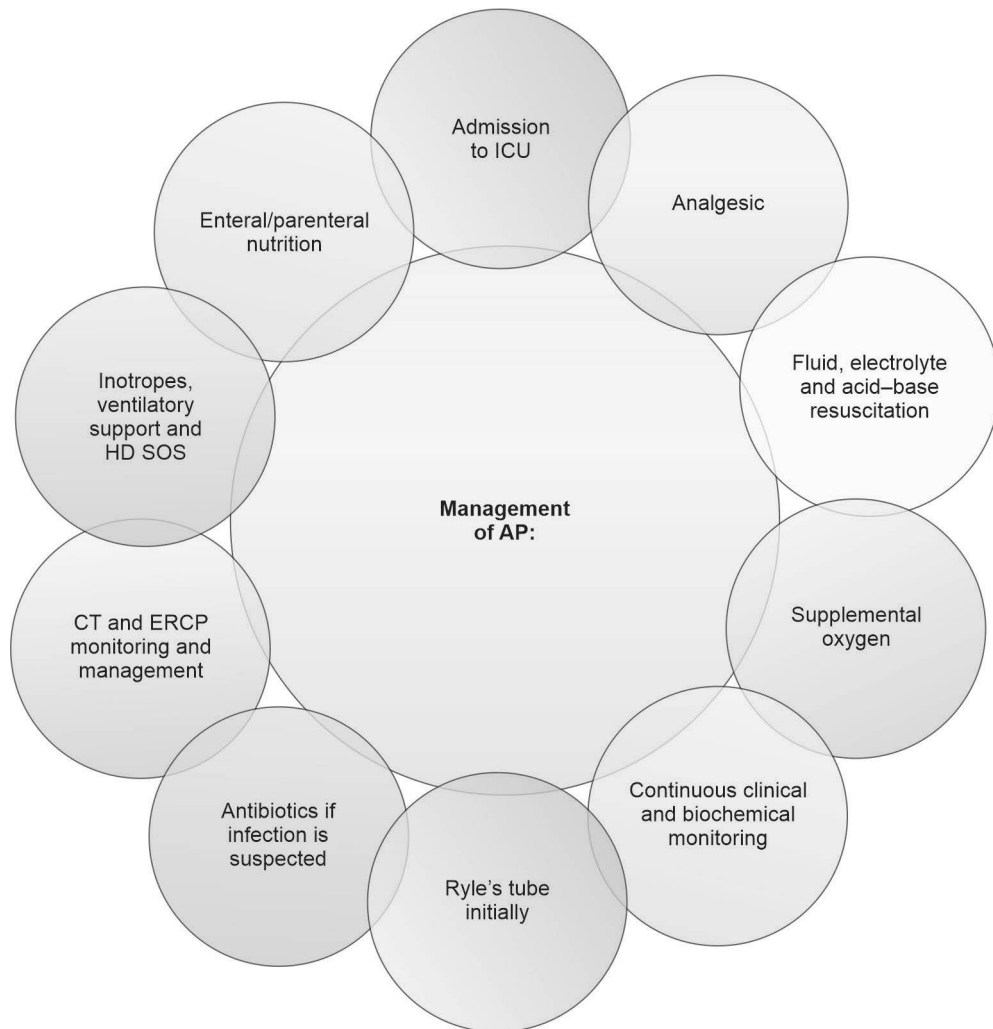
Other Conditions with High S Amylase**Investigations for AP**

Ranson prognostic criteria	
<i>Non-gallstone pancreatitis</i>	<i>Gallstone pancreatitis</i>
At presentation <ul style="list-style-type: none"> • Age >55 years • Blood glucose level >200 mg/dl • White blood cell count >16,000 cells/mm³ • Lactate dehydrogenase level >350 IU/L • Aspartate aminotransferase level >250 IU/L 	At presentation <ul style="list-style-type: none"> • Age >70 years • Blood glucose level >220 mg/dl • White blood cell count >18,000 cells/mm³ • Lactate dehydrogenase level >400 IU/L • Aspartate aminotransferase level >250 IU/L
After 48 hours of admission <ul style="list-style-type: none"> • Hematocrit*: Decrease >10% • Serum calcium level <8 mg/dl • Base deficit >4 mEq/L • Blood urea nitrogen level: Increase >5 mg/dl • Fluid requirement >6 L • PaO₂ <60 mm Hg 	After 48 hours of admission <ul style="list-style-type: none"> • Hematocrit*: Decrease >10% • Serum calcium level <8 mg/dl • Base deficit >5 mEq/L • Blood urea nitrogen level: Increase >2 mg/dl • Fluid requirement >4 L • PaO₂: Not available
Ranson score ≥3 defines severe pancreatitis	

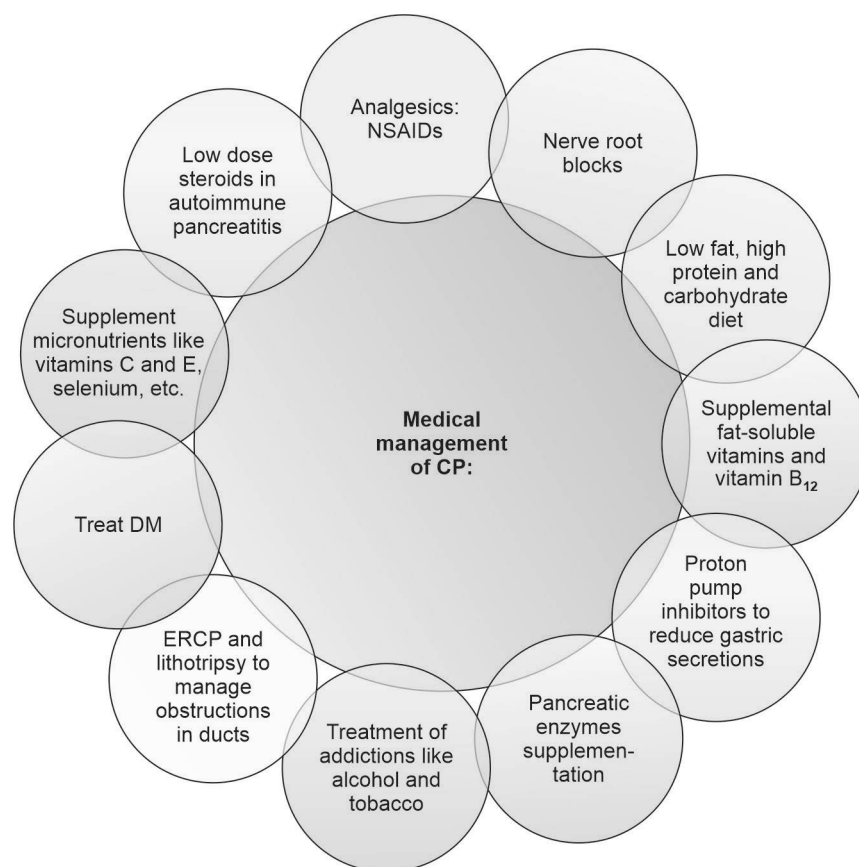
Atlanta criteria for acute pancreatitis
Organ failure , as defined by Shock (systolic blood pressure <90 mm Hg) Pulmonary insufficiency (PaO ₂ <60 mm Hg) Renal failure (creatinine level >2 mg/dl after fluid resuscitation) Gastrointestinal bleeding (>500 ml/24 hours)
Systemic complications Disseminated intravascular coagulation (platelet count ≤10,000) Fibrinogen <1 g/L Fibrin split products >80 µg/dl Metabolic disturbance (calcium level ≤7.5 mg/dl)
Local complications Necrosis Abscess Pseudocyst Severe pancreatitis is defined by the presence of any evidence of organ failure or a local complication

Ranson Score and Atlanta Criteria for Severity of Pancreatitis



Management of AP

Medical Management of CP



Choice of surgical procedure in chronic pancreatitis

Procedure	Patho-morphology
Drainage procedures	
Caudal drainage (Duval)	Obsolete, replaced by newer procedures
Puestow procedure	
Lateral pancreaticojejunostomy	Dilated main pancreatic duct without presence of inflammatory head mass
Resection procedures	
PD/ PPPD	Suspected neoplasia Presence of fixed duodenal stenosis
Distal pancreatectomy	Focal disease localized to the body and tail region of pancreas
Total pancreatectomy	Only as a salvage procedure; caution of brittle diabetes
Total pancreatectomy with AIT	Preserves endocrine function Caution of severe exocrine insufficiency
Hybrid procedures	
Frey procedure	Exclude malignancy by frozen section Ductal obstruction with a small inflammatory head mass
Beger procedure	Large inflammatory head mass without a distal stricture
V-shaped excision	Small duct pancreatitis (<3 mm)

AIT—autologous islet cell transplantation

Differential diagnosis of pancreatic cysts	
<i>Non-neoplastic lesions</i>	<i>Neoplastic lesions</i>
Pseudocysts	IPMN MCN SCN
Syndromes causing multiple cysts • Autosomal dominant polycystic disease • Cystic fibrosis	SPN
Infectious cysts • Hydatid cysts • Abscess	Cystic variants of solid tumors • Cystic teratoma • Cystic ductal adenocarcinoma • Cystic neuroendocrine tumor • Cystic acinar cell carcinoma • Cystic metastases
Lymphoepithelial cysts	
Congenital epithelial cysts	
Duplication cysts	
Retention cysts	