Pancreas - Upper GI (S2)

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⇒ Acute Pancreatitis

Q→ 55 yr. old patient presented to ER with severe epigastric pain radiating to back. O/E he is jaundiced, tachycardiac, hypertensive with ↑ RR.

Q→ 45 yr. Female presents with severe pain in the epigastrium, radiating to back, there is history of profuse vomiting for 01 day. She had H/O gall-stones. O/E she is cyanosed, tachypnic, tachycardiac with severe tenderness in epigastrium.

Q→ 20 yr male presents with sudden severe abdominal pain that spreads to back associated with vomiting. He has been running fever, for past 03 weeks. He is apprehensive & dehydrated with pulse 126/min, distended, still & silent Abdomen.

Q. Cullen's sign (Around umbilicus)
Abdominal tenderness - Relieved by leaning Forward.
Abdominal rigidity
Grey turner sign (Blue discolouration around flanks)

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Diagnosis
Investigation
management
Local + systemic complication.
How will you predict the prognosis.

Diagnosis :-

Acute Pancreatitis

Investigations:-

* Serum amylase :-
  - Immediately ↑
  - Elevation Duration 3-5 days
  - ↑ upto 04 folds of Normal level

*

* Serum Lipase :-
  - More specific than amylase
  - Elevation Duration more than 7 d

* USG Abdomen :
  - To rule out Cholecystitis.

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CT-scan :

Gold-standard → Indication
↓
✓ Diagnosis uncertainty
✓ Differentiate from interstitial from necrotizing pancreatitis.
✓ Patient with progressive clinical deterioration
✓ local complication.

Laprotomy

Management :

★ Mild-pancreatitis:-

IV-fluids
Monitoring of vitals
Analgesics
Anti-emetics
Anti-biotic
Recovery with in 72 hrs.

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★ Severe Acute Pancreatitis:-

Admit the patient in ICU
IV- Fluids
Monitoring of vitals
Oxygenation
Analgesics
Nasogastric aspiration.
Biochemical monitoring
- LFT's
- RFT's
- TLC
- LDH
- serum CA.

Antibiotic prophylaxis
CT-scan - organ failure
sepsis

ERCP - Gall stones
Cholangitis

Nutritional support
Systemic support.

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radiological intervention :-

CT-guided needle aspiration.

Drain tube - Continuous Drainage.

surgery :

Necrostomy (Debridement of necrotic pancreas)

Closed continuous Drainage

Closed drainge + Irrigation.

Closure + Relaprotomy.

→ How will you predict The prognosis:

By using Fallowing

	severe disease
Ranson's criteria	> 6
APACHE II score	> 8
Glassgow scale	> 3 or more
C-reactive protein	150 mg / I

we predict The prognosis.

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Ranson's criteria :-

At admission.

Age	> 55 yrs
WBC	> 16000/uL
Blood glucose	> 200 mg/dL
Serum LDH	> 700 units/Lt
AST	> 250 IU/L

After 48 hrs

HCT ↓	> 10 %
Blood urea nitrogen ↑	> 5 mg/dL
Serum Calcium	< 8 mg/dL
Arterial PO_2	< 60 mmHg
Base deficit	> 4 mEq/L
Estimated fluid sequestration	> 6 L

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Local Complication :-

Acute fluid collection
sterile pancreatic Necrosis
Acute Pseudo cyst
Pancreatic Abcess
Pancreatic ascites
Pancreatic effusion
Portal / Splenic vein thrombosis.

systemic :

Pulmonary
- Pneumonia
- ARDS
- Pleural effusion

CVS
- Hypotension
- Hypovalemia
- Peri-Cardial effusion

Hematologic
- DIC

GIT
- Ulcer
- Portal vein thrombosis
- splenic vein thrombosis

Renal
- aligouria
- Renal failure

Metabolic
- Hyperglycemia
- Hypocalcemia

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CA head of Pancreas

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Q → 65 yr. old man complains of intense Itchy & Jaundice for 06 weeks duration. He has upper abdominal discomfort and his urine is deep yellow in colour with pale colour stool. He has history of weight loss. O/E he is deeply Jaundiced with scratch mark all over his body. Abdominal examination reveals globular discrete mass in the right upper Quadrant.

Q → 60 yr. male presents in OPD with complain of anorexia & weight loss since 3 month. itching all over body and clay coloured stool and dark urine. O/E he is jaundiced. Abdominal examination reveals palpable gall-bladder.

Diagnosis
Investigations
Treatment.
Palliative for non-ope case.

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Investigations :

↑ Bilirubin

↑ ALP

↑ Gamma Glutamyl Transpeptidase

USG :

Check for

Cholelithiasis

Choledocholithiasis

Dilation of intra-hepatic biliary Tree

Dilation of extra-hepatic biliary Tree

Tumors of pancreas.

Endoscopic USG :

Tumor demonstration

Transduodenal biopsy

Transgastric biopsy.

CT-scan : (IOC)

- shows → Dilated Biliary Channels

Site of Tumor

size of Tumor

Lymph node involvement

Metastasis

Vascular involvement.

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MRI :

MRI, MR angiography.

Laprescopy :-

Laproscopy is done
mets - Hepatic
- Peritoneal

CA 19-9

Rx - response

Management

① → Surgical Rx
② → Palliative Rx.

-: Surgical Rx :-

Pre-ope preparation :-

Admit The patient
IV-Fluids
Vitamen K injection
Glucose containing Fluids IV
Prophylactic antibody
Pre-operative biliary drainage
via ERCP

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Operative :-

①→ "Whipple's Operation"

Remove
↓
Tumor - Head of pancrease
Entire duodenum
Proximal jejunum (10-15 cm)
Common-Bile Duct
Gall-Bladder
Lymph nodes.

then :

Pancreaticojejunostomy
Hepaticojejunostomy
Gastricjejunostomy.

②. "Pylorus preserving Pancreaticduodenectomy"

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Palliative :

① → stenting :

ERCP

PTC

② → surgical by pass :

Chaledochajejunastomy

③ → Gastric Obstruction Relief :

Gastrojejunastomy

④ → Pain relief :

Analgesics.

Celiacaxis block.

⑤ → ChemoTherapy

⑥ → Life Quality :

R_x of diabetes Mellitus

Pancreatic enzyme replacement.

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