

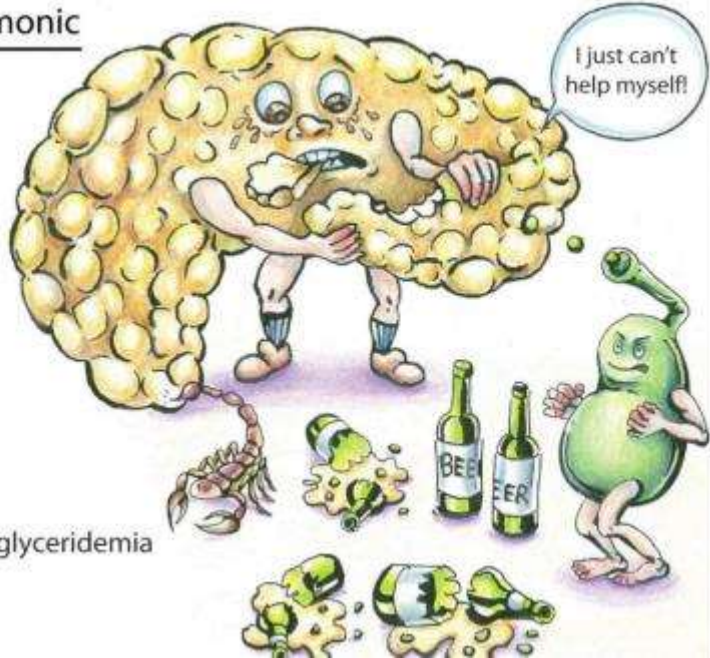
XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum – Pancreas

Acute Haemorrhagic Pancreatitis

I GET SMASHED Mnemonic

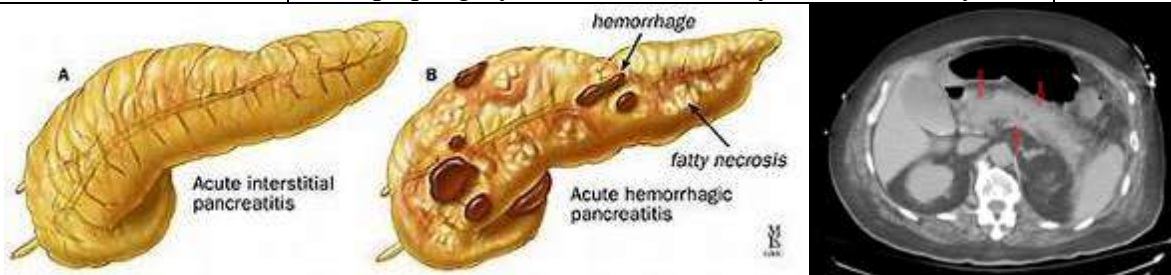
Pancreatitis

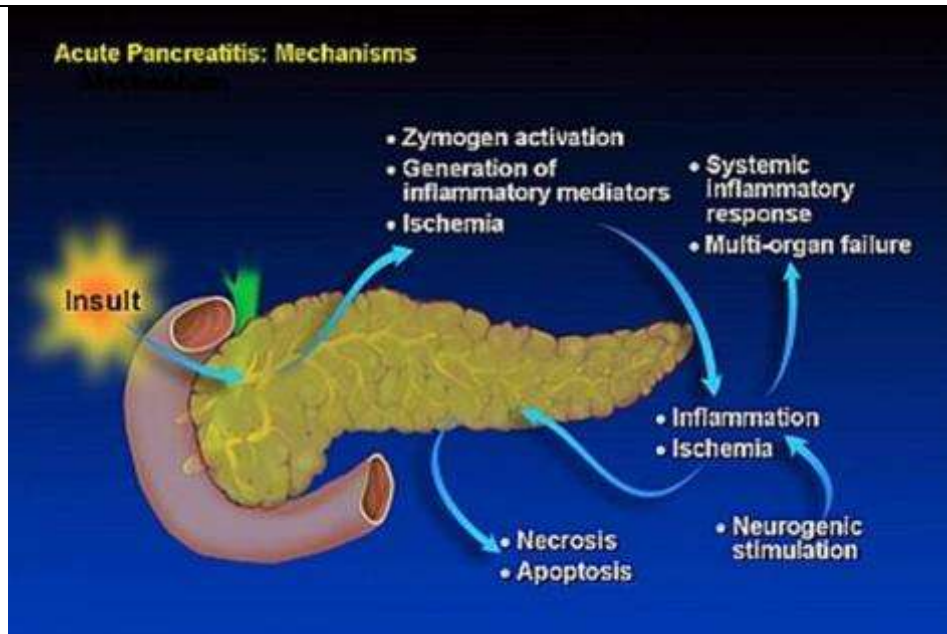
- Idiopathic
- G**all Stones
- Ethanol (Alcohol)
- Trauma
- Steroids
- M**umps / **M**alignancy
- Autoimmune
- Scorpion Stings
- Hypercalcemia / **H**ypertriglyceridemia
- ERCP
- D**rugs



Acute Haemorrhagic Pancreatitis

<i>Pancreas:</i>	<ul style="list-style-type: none"> • Is slightly enlarged • Swollen (oedema) • Tense • Firm in consistence 	
<i>Lobulations are:</i>	<ul style="list-style-type: none"> • Partially lost (some) - • Still preserved (in most parts) • Irregular (some) Interlobular 	
<i>Septa:</i>	<ul style="list-style-type: none"> • Oedematous • Swollen • Occasional petechial haemorrhages (reddish-brown) 	
<i>Fat necrosis:</i>	<ul style="list-style-type: none"> • In small patches • Opaque greyish-whitish or dull yellowish-chalky 	



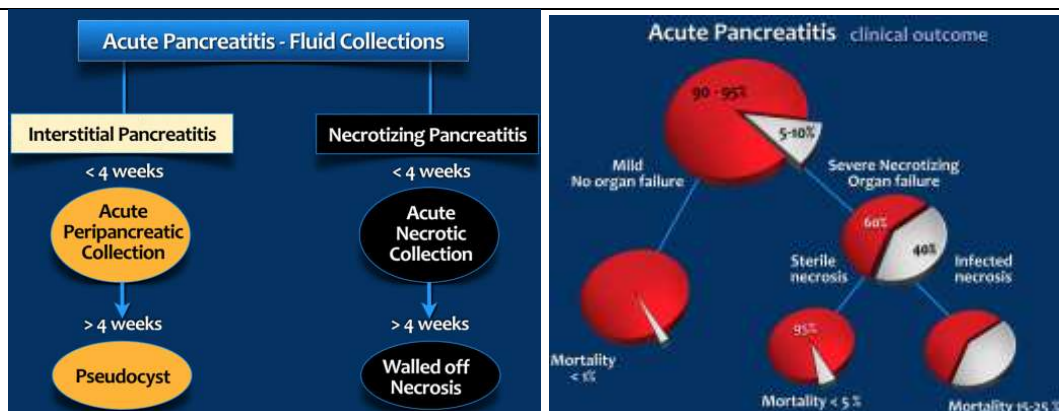


N.B.I:

- Acute haemorrhagic pancreatic necrosis results from the sudden destruction of the pancreatic tissue by **chemical proteolytic necrosis**.
- This may be due to the escape of active pancreatic enzymes into the glandular parenchyma.
- So many causes and theories for the underlying mechanism (common channel theory, vascular theory, the reflux of bile theory etc.).

Fate and complications:

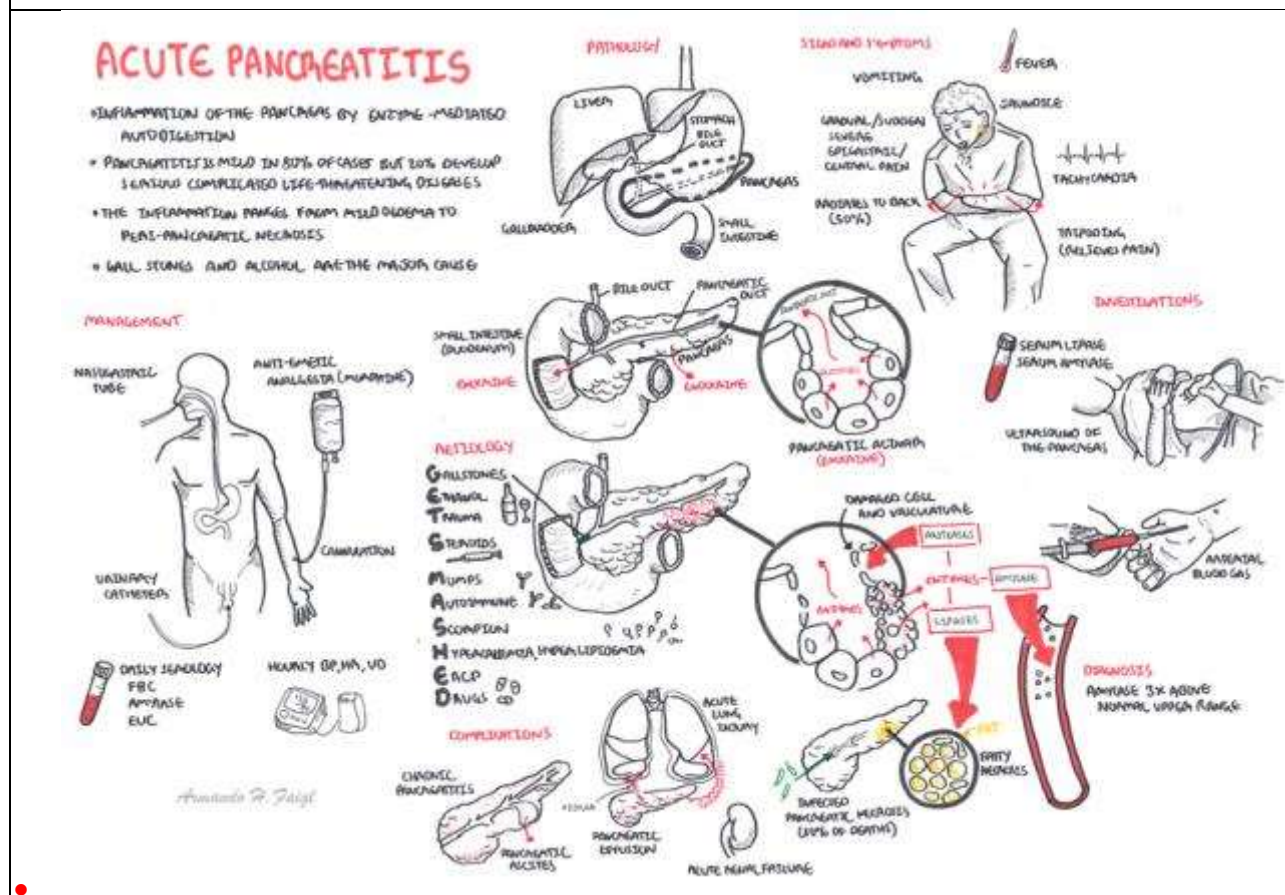
1. Resolution, chronicity or shock and death.
2. Pseudocyst formation.
3. Suppuration and multiple abscesses.
4. Gangrene and peritonitis.



N.B.2:

- This disease (which is commoner in **obese middle-aged females** than in males) may be accompanied by changes in the peritoneal cavity (turbid fluid) and foci of fat necrosis in the omentum and mesentery.
- ***Clinically***, the disease produces a state of **acute abdomen and shock**.

- **Symptoms and signs:**
 - Sudden severe pain and tenderness at epigastrium,
 - peripheral vascular collapse,
 - vomiting,
 - cyanosis,
 - slight jaundice,
 - subnormal temperature,
 - Slight abdominal rigidity and leukocytosis.
- These, and positive **Loewe's adrenalin mydriasis test**
- as well as **raised serum and urinary diastase** and
- **Hypocalcaemia** help in reaching a correct early diagnosis.



Treatment of Acute Necrotizing pancreatitis

- Admit to ICU or telemetry
- Supportive care with aggressive IV hydration
- Prevention of Infection
- Prevention of potential complications
- **High mortality during first two weeks** (almost 100%) due to multiorgan failure, ARDS, ARF, Coagulopathy, shock, hypocalcaemia and hyperglycemia