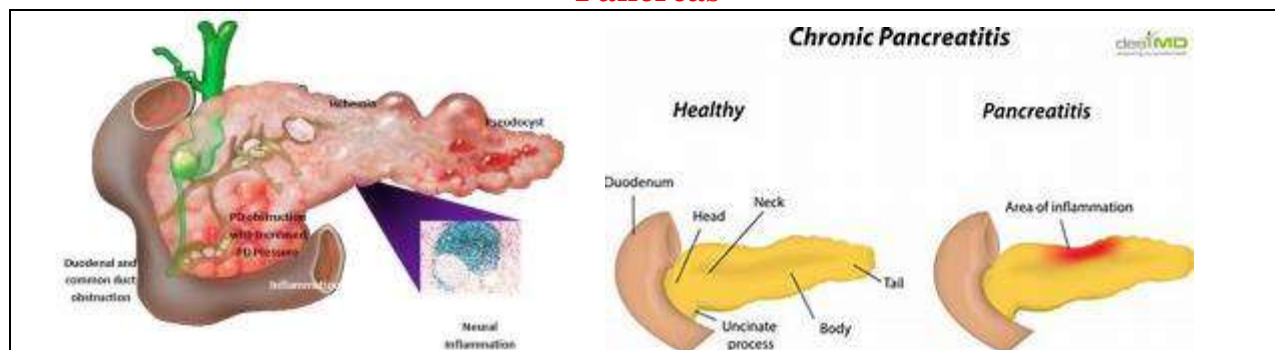


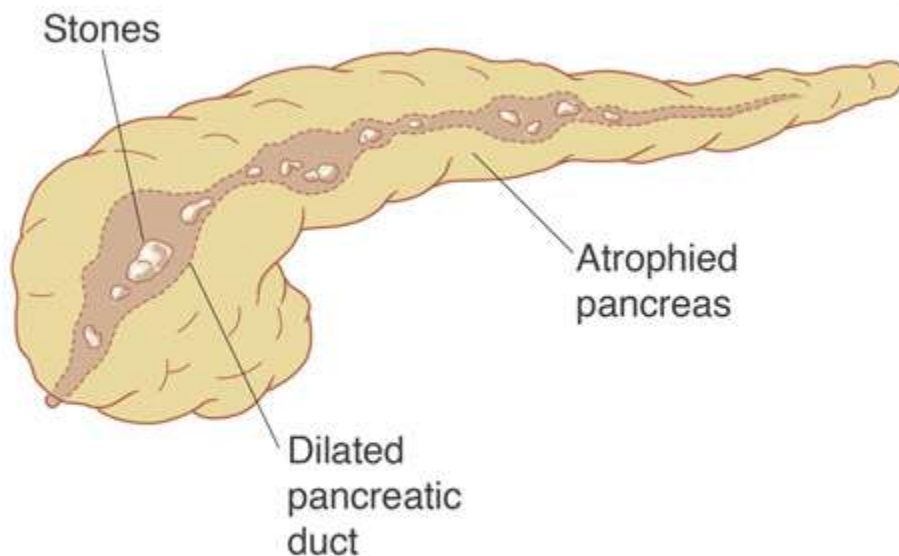
XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum

Pancreas



Chronic Pancreatitis III-8.32

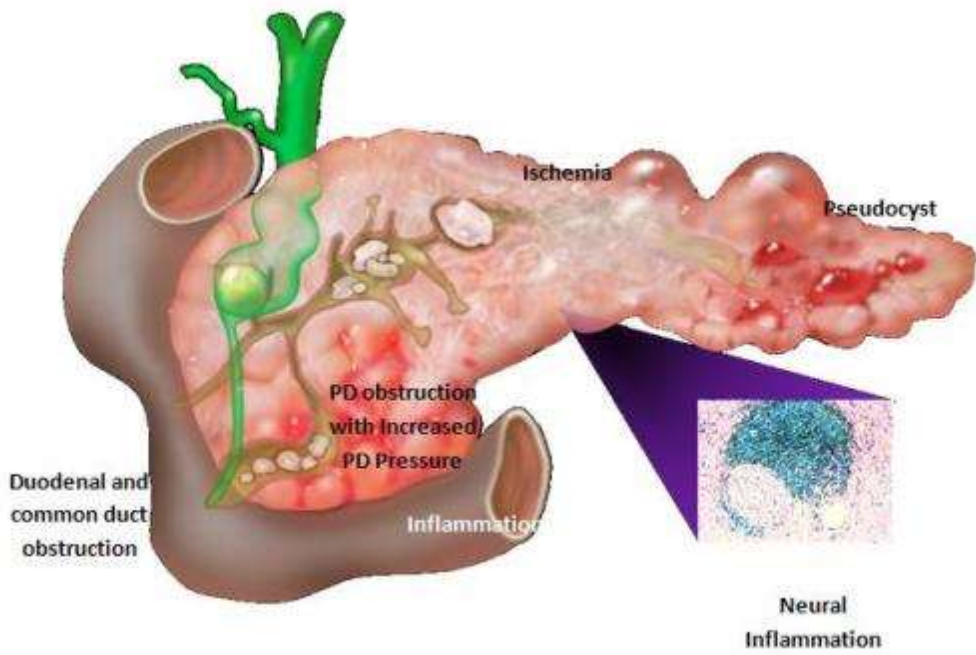
Pancreas:	<ul style="list-style-type: none"> • Slightly reduced in size (denoting an advanced lesion) • Shrunken (due to progressive destruction)
Cut surface:	<ul style="list-style-type: none"> • Shows excess of fibrous thickening • Areas of calcification
Consistence:	Firm-to-hard
Pancreatic duct:	<ul style="list-style-type: none"> • Is dilated • Somewhat cystic



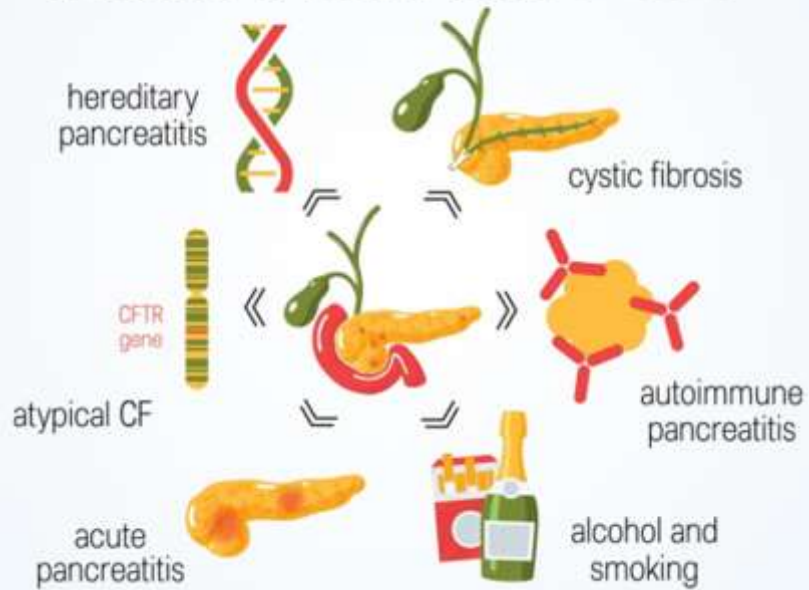
Chronic pancreatitis

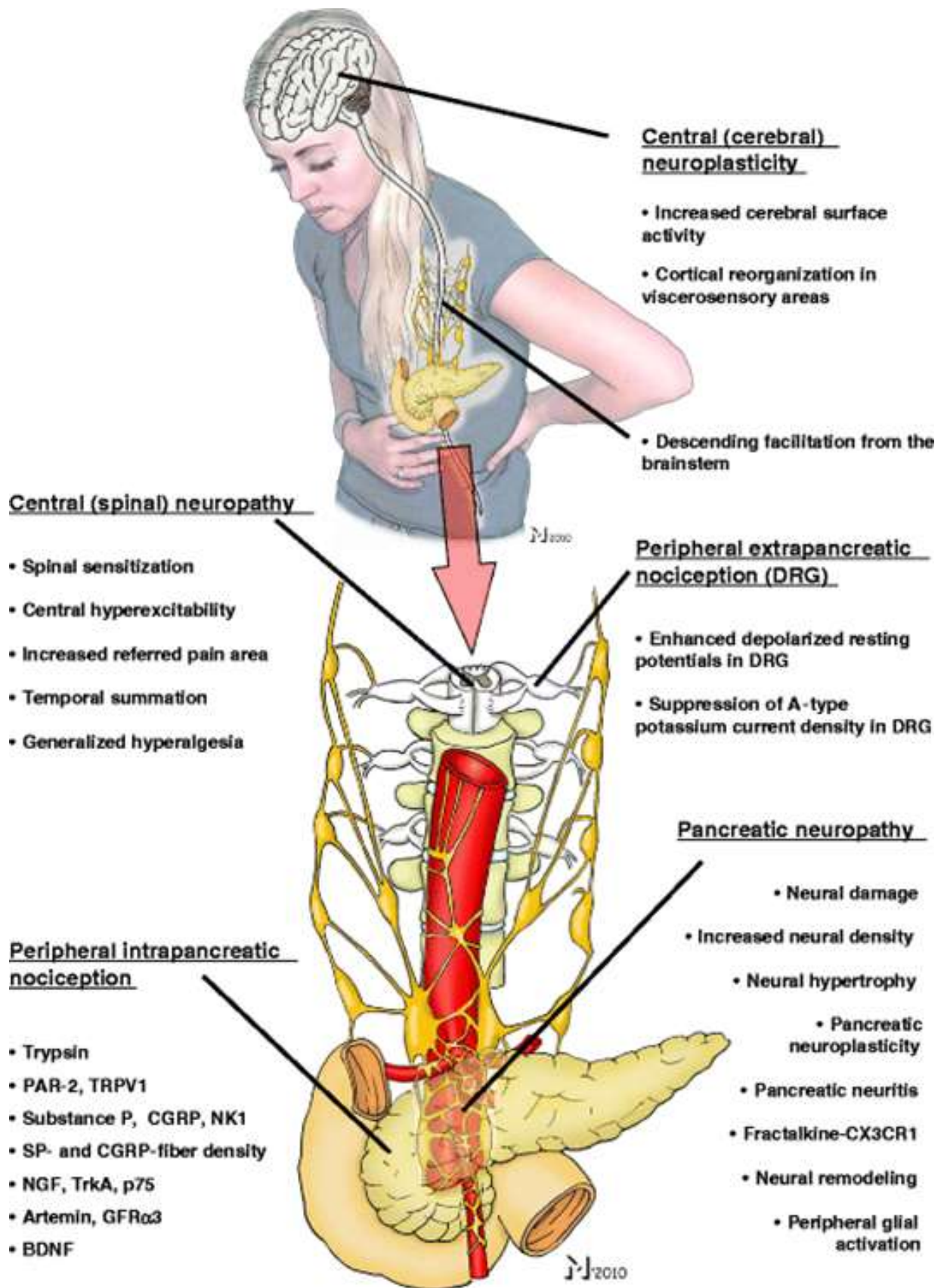
N.B.:

- **Chronic pancreatitis**, which is a progressive destruction of the pancreas resulting in fibrosis rather than inflammation, may be caused by repeated acute attacks.
- It may be asymptomatic or may show signs and symptoms of the associated condition (jaundice; steatorrhea; dyspepsia; pancreatic insufficiency; diabetes mellitus; calculosis).
- **Bilharzial affection of the pancreas** (where ova are deposited around the blood vessels and in the interstitial tissue) may produce chronic pancreatitis (by cellular reaction, fibrosis and loss of lobulations).
- **Clinically:** Recurrent attacks of abdominal discomfort; steatorrhea, glycosuria and elevation of serum amylase and lipase levels. It is rather common in male patients who are chronic alcoholics.

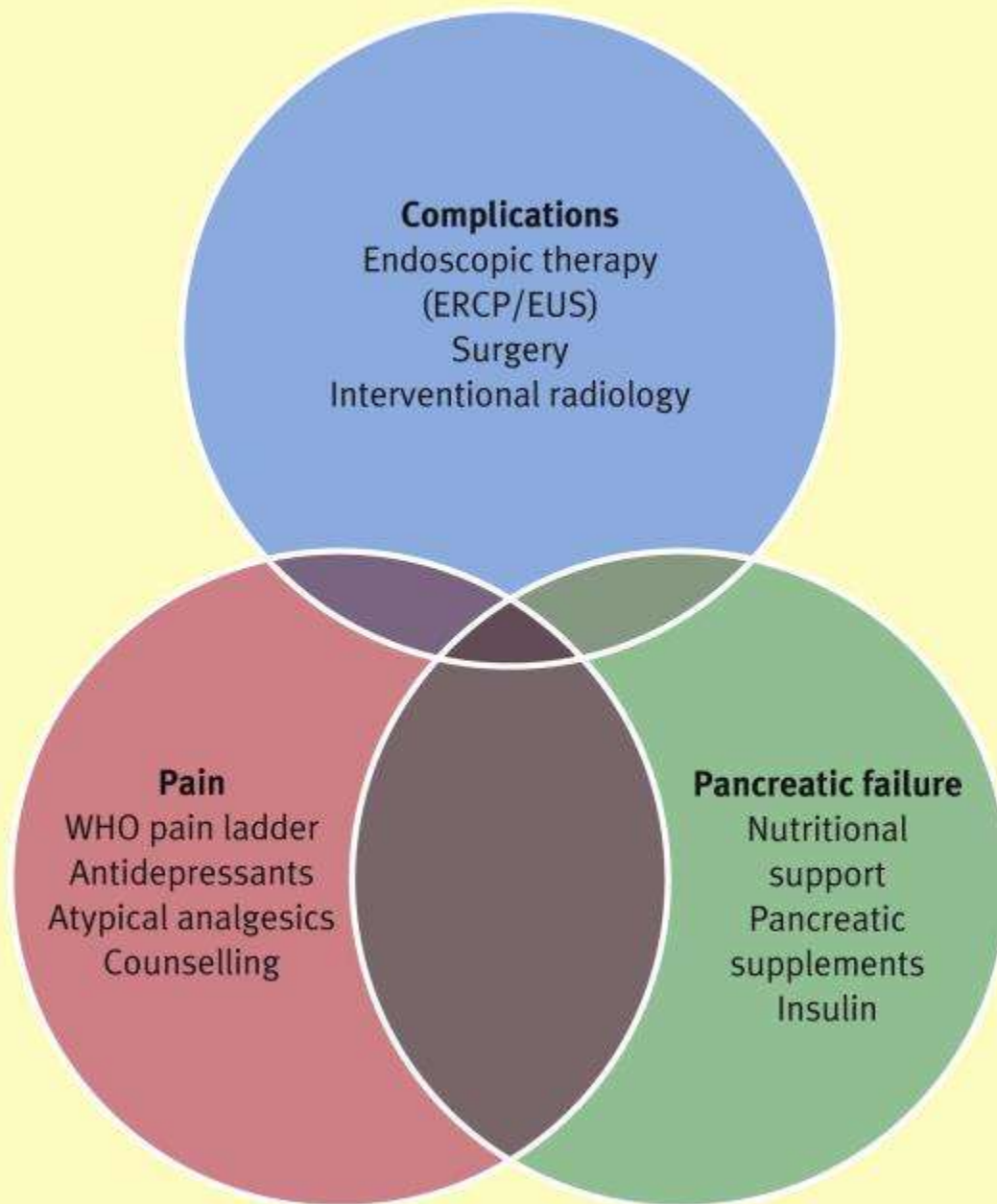


CHRONIC PANCREATITIS CAUSES





Principles of management of chronic pancreatitis



EUS, endoscopic ultrasound; ERCP, endoscopic retrograde cholangio-pancreatography