

Chronic pancreatitis

Dr Ajay Thakral

Pancreatitis

- **Inflammation of Pancreas**

- Acute

- Chronic

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- Acute – where disease event are still reversible
 - Chronic – where disease events are irreversible

- **Chronic pancreatitis**

- Permanent irreversible changes either in pancreatic parenchyma or ductal system or even in both

Aetiology

- Alcohol – most common cause
- Biliary calculi
- Hyperparathyroidism
- Hereditary
- Idiopathic
- Trauma
- Congenital anomaly (pancreatic divisum)
- Pancreatic duct obstruction

Clinical features

- Severe abdominal pain (mainly in the epigastric region)
- Symptoms due to exocrine dysfunction
- Symptoms due to endocrine dysfunction
- Symptoms due to involvement of nearby structures

- Severe abdominal pain (mainly in the epigastric region)

- Ductal dilatation

- Retroperitoneal nerve involvement

- Symptoms due exocrine dysfunction

- Steatorrhoea

- Malabsorption

- Weight loss

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- Symptoms due to endocrine dysfunction

- Diabetes mellitus

- Symptoms due to involvement of near by structures

- Obstructive jaundice – because of the involvement of distal CBD

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- So chronic pancreatitis mainly present as

Male with long history of alcohol intake complaining of severe upper abdominal pain, loose stools (steatorrhoea), weight loss and diabetes mellitus. And occasionally obstructive jaundice.

Differential diagnosis

- Pancreatic carcinoma (most common)
- Retroperitoneal tumors

Complications

- Pseudocyst of pancreas
- CBD obstruction
- Duodenal obstruction
- Peptic ulceration
- Portal thrombosis
- Splenic vein thrombosis
- Carcinoma pancreas
- Complication because of malabsorption
- Complications because of diabetes mellitus

Investigations

- Blood investigations
- Radiological investigations
- Tissue diagnosis

- Blood investigations

- Serum amylase

- Serum lipase

- Blood sugar levels

- LFT

- KFT

- CBC

- Radiological investigations

- X Ray Abdomen

- USG Whole Abdomen

- CECT Whole Abdomen

- MRCP

- EUS (Endoscopic ultrasound)

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- Tissue diagnosis

➤ EUS guided FNAC

Treatment

Complete abstinence from alcohol (most important)

Aim of the treatment

- Relief of pain
- Improvement of malabsorption
- Treatment of diabetes mellitus
- Treatment of obstructive jaundice
- Treatment of other complications

- Pain

- Analgesics

- Splanchnic nerve or coeliac plexus block

- Malabsorption

- Small and frequent meals

- Low fat, high carbohydrate and high protein diet

- Pancreatic enzyme supplements, vitamins and minerals

- Diabetes mellitus

- Oral hypoglycemic

- Insulin

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- Obstructive jaundice

- ERCP

Indication of surgery

- Persistent pain (main indication)
- Biliary obstruction
- Suspicion of malignancy
- Pseudocyst

Principles in surgery

- Duct decompression surgery
 - Pancreaticojejunostomy (Puestow's operation)
- To relieve biliary obstruction/disease in the head of pancreas
 - Whipple's procedure
- Removal of involved pancreatic tissue
 - Total pancreatectomy
 - Distal pancreatectomy

Thank you