

Chapter 1

BILIARY PANCREATITIS DIAGNOSIS AND TREATMENT

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INTRODUCTION

Acute pancreatitis is an inflammatory disease of the pancreas that occurs in the pancreas as a result of various reasons and can threaten life if not managed well. It is among the leading causes of hospitalization in the United States¹. All over the world, the incidence of pancreatitis rises with the increased rates of obesity and gallstones². Mortality in acute pancreatitis depends particularly on the severity of systemic inflammatory response syndrome (SIRS)³. The transformation of acute inflammation to necrotizing pancreatitis can increase mortality rates up to 17%^{4,5}. The average age in acute pancreatitis associated with biliary tract diseases is higher than the average age in alcoholic pancreatitis. The female/male ratio is higher in favor of women. In this part of the book, gallstones and bile sludge, which constitute a significant cause and part of acute pancreatitis, will be discussed.

ETIOLOGY AND PATHOGENESIS:

In the etiology of acute pancreatitis, 45% -70% gallstones, 35% alcoholism, 10% idiopathic causes and 10% other causes play a role. Most studies have shown that idiopathic causes, when well researched, are linked to biliary etiology.

CAUSES OF ACUTE PANCREATITIS

1- Obstruction

Cholelithiasis, ampullary and pancreatic tumors, foreign bodies and parasites in the papilla, pancreatic divisum, periampullary duodenal diverticulum, hypertensive Oddi sphincter.

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Most patients with biliary sludge are asymptomatic. However, biliary sludge is commonly found in 20 to 40 percent of patients with acute pancreatitis with no other obvious cause. On ultrasound, sludge appears as a mobile, low-amplitude echo that layers in the most dependent part of the gallbladder and is not associated with shadowing. However, ultrasound has a low sensitivity for biliary sludge. If the cause is not clear, we perform EUS, even after one attack, to look for microlithiasis in the gallbladder or bile duct. Cholecystectomy should be performed in patients who have had an episode of pancreatitis and have biliary sludge^{64,65}. Studies suggest that biliary sludge can lead to pancreatitis and that these patients may benefit from intervention^{13,66}.

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