



CASE REPORT

Acute necrotising pancreatitis

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DIAGNOSES

Chronic pancreatitis with peri pancreatic cystic lesions and abscesses

CASE HISTORY

This 66 years old male patient had a history of 10 days of upper abdominal pain accompanied by nausea. Known chronic recurrent pancreatitis. Hospitalised for sever pains. Development of septic condition under adequate treatment. Development of peri pancreatic cystic lesions and abscesses

PHYSICAL INVESTIGATION

Blood pressure 130/80 mmHg, Heart frequency : 100 x/min, Cardiopulmonary with the standard range. Epigastric pain (+)

LABORATORY

Hb : 12,7; Leucocytes : 8,4; Thrombocytes : 384; Protein totally : 8,3; Albumin : 3,0; Bilrubin total : 0,75; Bilrubin direct : 0,44; Bilrubin indirect : 0,31; SGOT : 38; SGPT : 42; Gamma GT : 72; Alkaline phosphatase : 248; Amylase : 212; Lipase : 157

CT SCAN

Chronic pancreatitis with peri pancreatic abscess in the head, body and tail of the pancreas. Infiltration into the colonic mesentery. Abscess adjacent to the stomach and left colon. gaster.

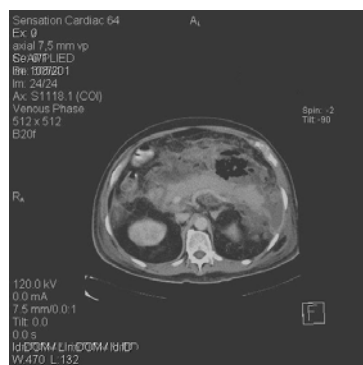


Fig. 1: CT scan with cystic lesion in pancreatic tail, abscess formation peri pancreatic



Fig. 2: CT scan with enlarged body and tail of pancreas, cystic lesion with fluid and air inclusion

INDICATION

Patient develops a septic condition in ICU while being adequately treated for pancreatic cyst. The follow-up CT-scan demonstrates air in the cystic mass and enlargement of massive peripancreatic oedema. The clinical condition is deteriorating.

OPERATION

- necrosectomy
- peritoneal lavage
- continuous percutaneous peritoneal lavage

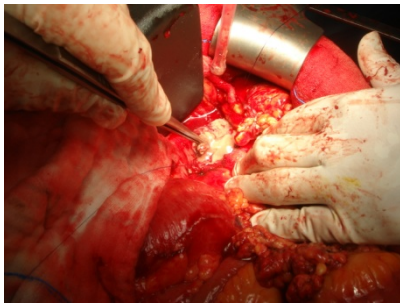


Fig. 3: Dissection of gastrocolic ligament. Opened bursa omentalis. Necrotic tissue on cavity of former pancreatic tail

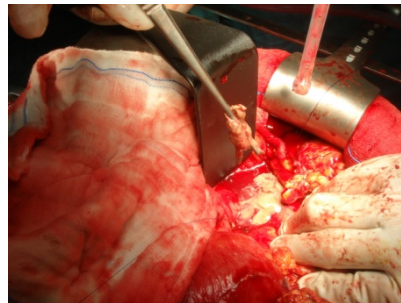


Fig. 4: Removal of necrotic tissue out of pancreatic cavity



Fig. 5: Necrotic tissue removed



Fig. 6: Closed percutaneous abdominal lavage with two large tubes for evacuation on the right and three small tubes for rinsing on the left side

HISTOLOGY

Necrotic pancreatic tissue

POSTOPERATIVE DIAGNOSIS

Peri pancreatic necrosis

CLINICAL COURSE

Protracted stay on ICU with improving condition. Removal of lavage after one week. Cholecystectomy after full recovery. No further postoperative complications.

PROBLEMS

Treatment and operative procedures in necrotising pancreatitis are discussed controversially. The timing and indication for surgical intervention is crucial for successful treatment. An indication for surgery is only given if the necrosis is proven to be infected. Adequate surgical treatment encompasses removal of the necrosis and an additional procedure like open packing, planned second looks or the addition of the peritoneal lavage.