ABSTRACT
The management of patients with acute pancreatitis has changed considerably over the last decade. A long-lasting dogma – that of the need to ‘rest the inflamed pancreas’ by fasting – was challenged and finally abandoned. While a strict ‘nothing-by-mouth’ policy, sometimes accompanied by a nasogastric suction tube and total parenteral nutrition, was the standard regimen until the end of the past century, more and more clinicians nowadays prefer an early restart of oral nutrition after a 24- to 48-hr-period of intravenous rehydration and starvation or – if this is not possible due to the severeness of the attack – advocate the early placement of a nasojejunal (or –gastric) feeding tube in order to provide enteral nutrition within 24 to 48 hrs of hospital admission.

Physiological studies in animals and man have demonstrated a) that the inflamed pancreas does not react to nutritive stimulation with increased enzyme secretion to the extent the healthy pancreas does, b) that the gut may be the source of the cytokines and mediators causing the systemic inflammatory response syndrome or multiple organ failure seen in severe acute pancreatitis, c) that the intestinal mucosal barrier function is disturbed by the splanchnic hypoperfusion which accompanies severe acute pancreatitis, leading to
ischemia/reperfusion damage and consequently to bacterial translocation, d) that starvation causes intestinal mucosal atrophy and increased apoptosis of enterocytes, and e) that enteral nutrition can alleviate mucosal barrier dysfunction.

This Prospective randomized controlled study is comparing early enteral and parenteral nutrition in patients with acute pancreatitis (in mild & moderate severity) have consistently resulted in equal or better outcomes after early enteral nutrition, especially lower complication rates, shorter hospital stays, and distinctly lower overall-costs. Furthermore, in no instance was the pancreatitis aggravated by the enteral nutrition.

KEY WORDS

Acute pancreatitis, early enteral feeding, non-infective & infective complications, non-pancreatitis complication