

ABSTRACT

AIM: To study the outcomes and efficacy of managing Acute pancreatitis based on Guidelines by American College of Gastroenterology.

STUDY DESIGN:

Prospective study

MATERIALS AND METHODS

50 patients who got admitted in our unit which characteristic abdominal pain of Acute Pancreatitis were included in the study over a period of 10 months.

Confirmation done with Blood Investigations and Imaging studies. Aggressive fluid management along with analgesics were given and the symptomatic improvements(PR, RR, Temp., SpO2) and lab investigations (Hb, TC, PCV, S.amylase) monitored at the end of 6 hours, 12 hours, 24 hours and 48 hours.

The etiology, duration of symptoms, co-morbidities were studied. The number of Patients with SIRS and organ failure recorded and their recovery from the illness monitored. Unnecessary use of Antibiotics avoided and given only to those patients who had Infected Pancreatic Necrosis. CECT Abdomen and Pelvis done only in those patients who failed to show signs of recovery at the end of 24 hours. The patients with SIRS and organ failure at the end of 24 hours monitored and managed in ICU setup. The duration of hospital stay recorded.

All the patients were managed strictly following the guidelines given by

American College of Gastroenterology. Severity of Pancreatitis applied based on Revised Atlanta Classification(2013) at the end of 48 hours. Organ Failure calculated using Modified Marshall Scoring using ABG Analysis.

STATISTICAL ANALYSIS:

To describe about the data descriptive statistics frequency analysis, percentage analysis were used for categorical variables and repeated measures ANOVA for continuous variables. Repeated measures ANOVA showed statistically significant variance for Pulse Rate, Respiratory Rate, Temperature and Total Count at the time of admission, at 6th hour, 12th hour, 24th hour and 48th hour. The probability value 0.05 is considered as significant level.

RESULTS:

Out of the 50 patients admitted with Acute Pancreatitis, 32 patients were in SIRS and 4 patients were with Organ Failure. The patients were managed based on ACG Guidelines. At the end of 48 hours, 27/32 patients got completely recovered from SIRS and 3/ 4 patients completely recovered from organ failure. Only 11 patients required both USG and CECT Abdomen as they failed to show signs of recovery at the end of 24 hours. Antibiotics given only in 8 patients. Out of the 50 patients, 4 patients underwent Laparoscopic Cholecystectomy. 25 patients were diagnosed of mild pancreatitis, 24 as Moderately severe Acute

Pancreatitis and 1 with severe pancreatitis. The duration of hospital stay varied from 6-25 days. No deaths occurred during the period of study.

CONCLUSION:

Guidelines based management give optimum results in patients with Acute pancreatitis. Initial 24- 48 hours is the crucial period in the management of Acute pancreatitis. Failure of Aggressive fluid challenge in the patients will lead to irreversible necrotic changes in the Pancreas. Further studies are required to test the universality, validity of adopting the ACG Guidelines as such in our setup.