

Syllabus	
Topic	Acute pancreatitis

a)

List 3 common causes of acute pancreatitis in the UK (3 marks)

- 1)
- 2)
- 3)

b)

List the 3 features in the Atlanta Criteria that you need two or more of in order to make a diagnosis of acute pancreatitis? (3 marks)

- 1)
- 2)
- 3)

c)

Complete the following table for the classification of severity of acute pancreatitis (5 marks)

Severity	
Mild	1) 2)
Moderate	1) 2)
Severe	1)

d)

List 6 specific principles of managing a patient with severe acute pancreatitis in a critical care unit (6 marks)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

e)

Give 3 local complications that can develop following acute severe pancreatitis? (3 marks)

- 1)
- 2)
- 3)

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	Answer	Marks	Guidance
a)	<p><u>Obstructive:</u></p> <ul style="list-style-type: none"> • Gallstones • Post ERCP • Neoplasm • Cystic Fibrosis <p><u>Toxic:</u></p> <ul style="list-style-type: none"> • Chronic excessive alcohol intake • Hypertriglyceridemia • Drugs: immunosuppressants (steroids, azathioprine); diuretics (furosemide, thiazides); oestrogens; sulphonamides; metronidazole • Hypercalcaemia • Hyperparathyroidism <p><u>Ischaemia/ reperfusion:</u></p> <ul style="list-style-type: none"> • Cardiopulmonary bypass • Shock states • Vasculitides <p><u>Infection:</u></p> <ul style="list-style-type: none"> • Viruses: Cytomegalovirus, mumps, coxsackie B, EBV • Parasites: Ascaris, Clonorchis <p><u>Trauma:</u></p> <ul style="list-style-type: none"> • Blunt or penetrating trauma • Surgical <p><u>Other:</u></p> <ul style="list-style-type: none"> • Hypothermia • Genetic (a1-antitrypsin deficiency) • Autoimmune (sclerosing cholangitis) • Idiopathic 	1 mark for each (Max. 3 marks)	Answers are for all causes of pancreatitis, only those in bold get a mark as the common causes in the UK

b)	<p>Atlanta classification states you need 2 or more of the following three features:</p> <ul style="list-style-type: none"> • Abdominal pain consistent with acute pancreatitis (acute onset, persistent, severe, epigastric pain, often radiating to back) • Serum lipase or amylase at least 3 times greater than the upper limit of normal • Characteristic radiological findings on CT 	<p>1</p> <p>1</p> <p>1</p>	
c)	<p><u>Mild:</u></p> <ul style="list-style-type: none"> • No organ failure and • No local or systemic complications <p><u>Moderate:</u></p> <ul style="list-style-type: none"> • Transient organ failure (<48hrs) and/or • Local or systemic complications <p><u>Severe:</u></p> <ul style="list-style-type: none"> • Organ failure persisting more than 48hrs 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
d)	<p><u>Airway/respiratory:</u></p> <ul style="list-style-type: none"> • Supplemental oxygen , Sats >95% • May need NIV, IPPV. <p><u>Cardiovascular:</u></p> <ul style="list-style-type: none"> • Targeted fluid therapy • Inotropic support <p><u>Neurological:</u></p> <ul style="list-style-type: none"> • Pain control • Sedation if IPPV <p><u>Endocrine:</u></p> <ul style="list-style-type: none"> • Blood glucose management <p><u>Gastrointestinal:</u></p> <ul style="list-style-type: none"> • Enteric nutrition/ TPN if not absorbing • Stress ulcer prophylaxis <p><u>Haematological:</u></p> <ul style="list-style-type: none"> • Thromboprophylaxis <p><u>Infection:</u></p> <ul style="list-style-type: none"> • Antibiotics only if infected pancreatic necrosis <p><u>Renal:</u></p> <ul style="list-style-type: none"> • Avoid AKI – target UO 0.5ml/kg/hr. Strict fluid balancing • Avoid nephrotoxics • RRT 	<p>1 mark for each (Max. 6 marks)</p>	

	<u>Surgery:</u> <ul style="list-style-type: none"> • ERCP or endoscopic sphincterotomy if secondary to acute gallstones • Necrosectomy if infected necrosis 		
e)	<ul style="list-style-type: none"> • Acute peripancreatic fluid collection • Acute Necrotic collection • Walled off necrosis • Pancreatic pseudocyst • Thrombosis (splenic vein thrombosis, superior mesenteric vein thrombosis, portal vein thrombosis. • Haemorrhage • Pseudoaneurysm formation • Pancreatic fistulae • Abdominal compartment syndrome • Paralytic ileus 	1 mark for each (Max. 3 marks)	

References

- 1) MacGoey P, Dickson EJ and Puxty K. Management of the patient with acute pancreatitis. BJA Education (2019) 19(8)240-245 [https://bjaed.org/article/S2058-5349\(19\)30067-8/pdf](https://bjaed.org/article/S2058-5349(19)30067-8/pdf)
- 2) Young SP, Thompson JP. Severe acute pancreatitis. CEACCP (2008) 8(4)125-128 <https://academic.oup.com/bjaed/article/8/4/125/293971>
- 3) Combeer E. The final FRCA short answer questions – a practical study guide. Masterpass (2016)