

UNIFESP



PANCREATITE AGUDA: TRATAMENTO CLÍNICO E INDICAÇÃO CIRÚRGICA

Grupo de Vias Biliares e Pâncreas da
UNIFESP – EPM

2008

Apodaca-Torrez, FR

Introdução

- Jejum oral.
- SG 5% 500 ml | EV 6/6 h
 - Na Cl 20 % 10 ml
 - K Cl 19,1 % 5 ml
- R L 500 ml EV 12/12 h.
- Omeprazol 40 mg EV 1 x dia.
- Buscopan composto[®] 1 amp EV 8/8 h.
- Cefalotina 1g EV 6/6 h.
- Plasil[®] 10 mg 1 amp. EV SN.
- Tramal 50 mg EV SN.
- Controle PA-P-T^o-FR.

Introdução

- Pancreatite aguda leve.
- **Pancreatite aguda grave.**
 - Necrose pancreática.
 - Coleção líquida aguda.
 - Pseudocistos agudos.
 - Abscesso pancreático.

Introdução

Fator desencadeante

Lesão da célula acinar

Ativação da tripsina

Ativação da
Quinina-Kallicreína

Ativação da
Quimiotripsina

Ativação da
Elastase

Ativação da
P-A

Lipase

Edema
Infiltração

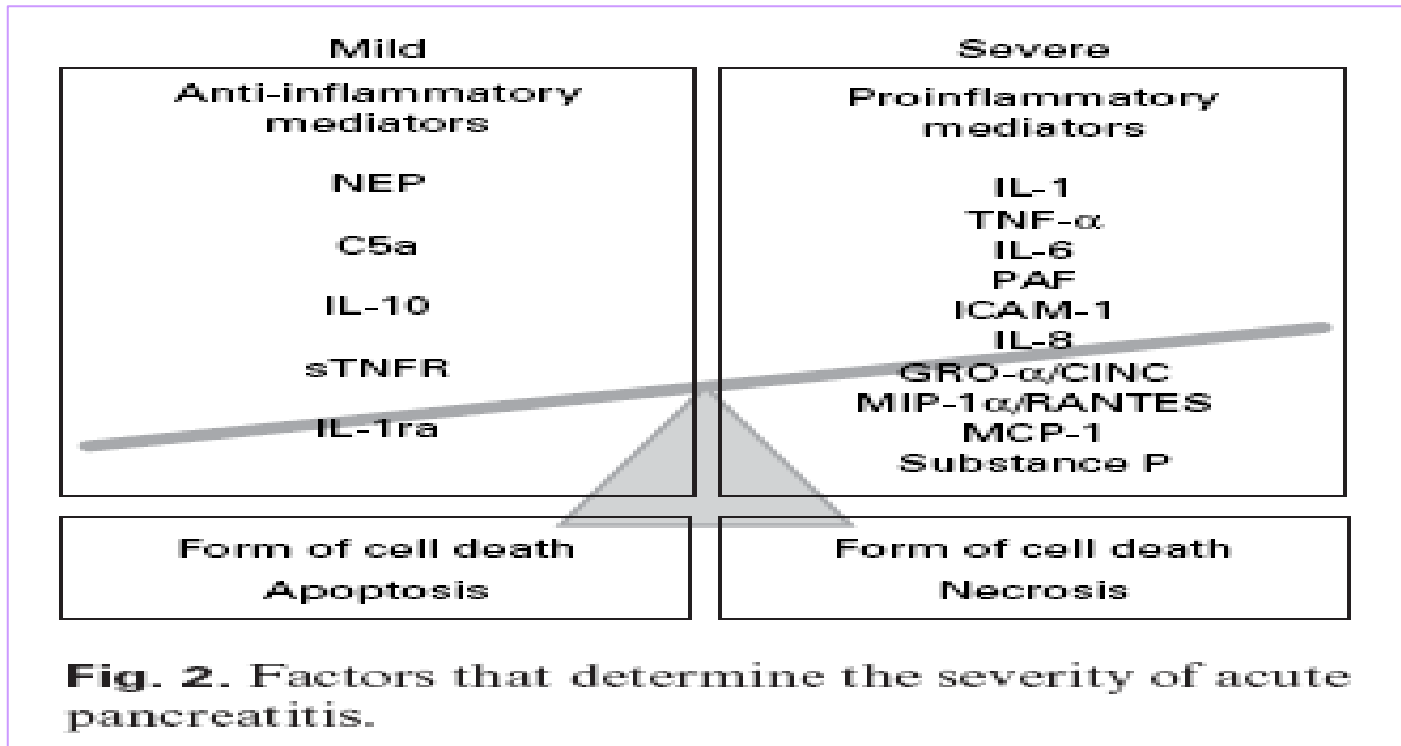
Edema -lesão
vascular

Lesão vascular
hemorragias

Necrose
coagulação

Esteato-
necrose

Introdução



Introdução

INVITED COMMENTARY

Lexipafant in Severe Acute Pancreatitis: The Final Word?

Charles D. Ulrich, II, MD

Introdução

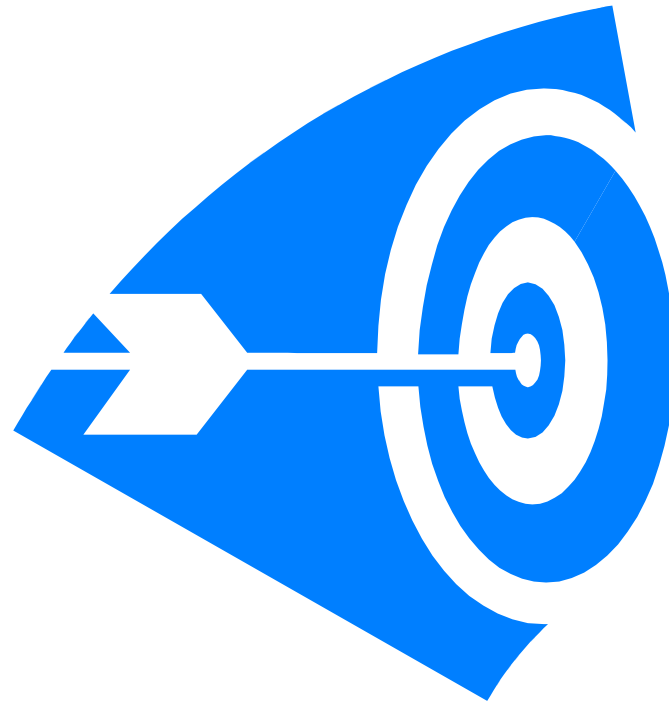
- Gabexate mesilato.
- Aprotinina.
- Lexipafant.
- Octreotide.

Ann Surg. 2006;243(2):154-68

Tratamento

OBJETIVOS DO TRATAMENTO

- Limitar as complicações sistêmicas.
- Prevenir a necrose pancreática.
- Prevenir a infecção pancreática.



Tratamento

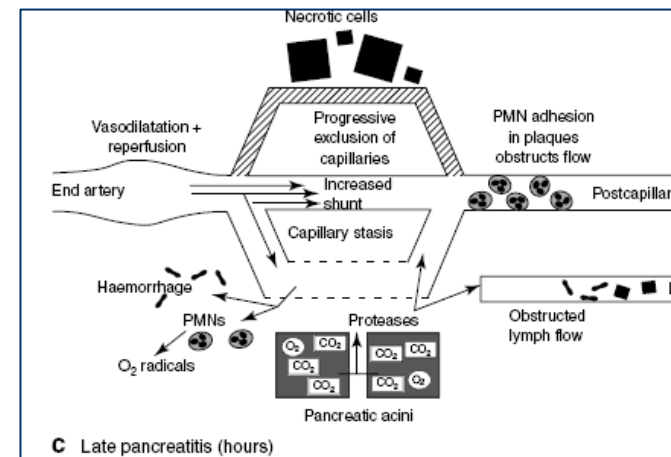
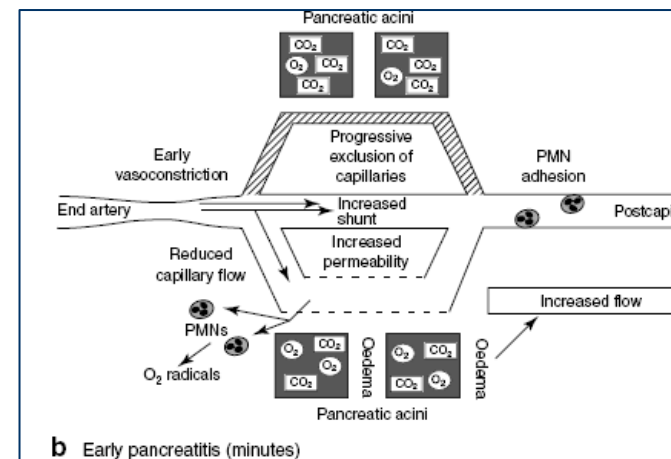
COMPLICAÇÕES

- Fase tóxica (sistêmicas)
 - Pancreatite aguda fulminante
 - Mortalidade (50 %)
- Fase Séptica (locais e sistêmicas)
 - Sistêmicas
 - Respiratórias
 - Cardiocirculatórias
 - Renais
 - Metabólicas
 - Neurológicas
 - Locais
 - Necrose
 - Coleção líquida
 - Pseudocisto
 - Abscesso

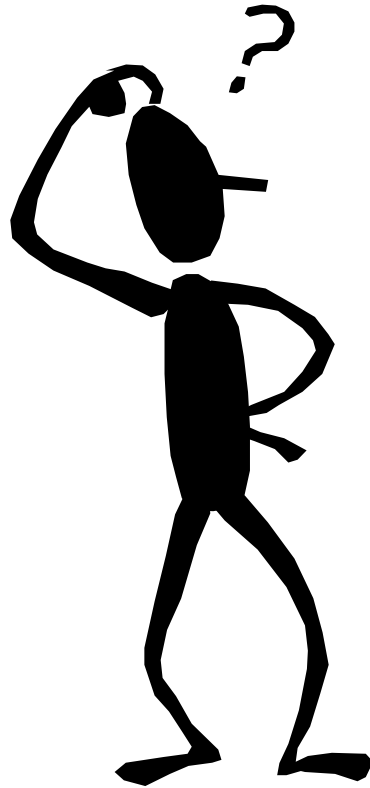
Cuidados intensivos

TRATAMENTO - UTI – (E-III)

- Hidratação (hemoconcentração).
- Monitorização cardiopulmonar.
- Hipoxemia.
- Função Renal.



Controvérsias



- NUTRIÇÃO.
- ANTIBIÓTICOS.
- CPRE.

Nutrição

- **Nutrition support in acute pancreatitis: a systematic review of the literature.**

McClave S A, Chang W K, Dhaliwal R, Heyland D K, . Nutrition support in acute pancreatitis: a systematic review of the literature. **Journal of Parenteral and Enteral Nutrition 2006;30(2) :143-156.**

- **Meta-analysis of parenteral nutrition versus enteral nutrition in patients with acute pancreatitis.**

Marik P E, Zaloga G P, . Meta-analysis of parenteral nutrition versus enteral nutrition in patients with acute pancreatitis. **BMJ 2004;328() :1407-.**

Nutrição

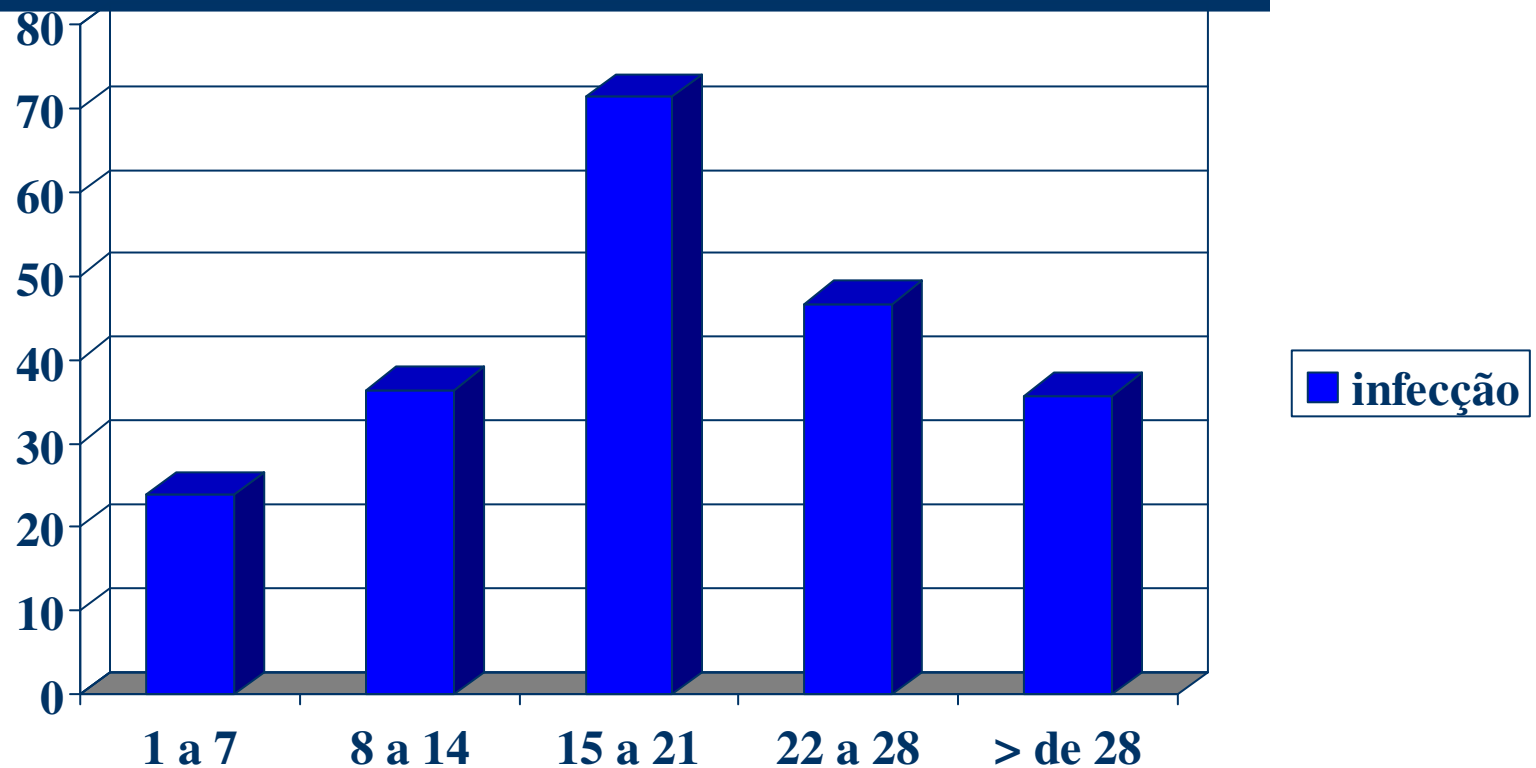
- **Review**
Enteral versus parenteral nutrition for acute pancreatitis
M Al-Omran, A Groof, D Wilke

Cochrane Database of Systematic Reviews 2008 Issue 3 (Status: *Unchanged*)
Copyright © 2008 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
DOI: 10.1002/14651858.CD002837 This version first published online: 20 January 2003 in Issue 1, 2003

“Although there is a trend towards reductions in the adverse outcomes of acute pancreatitis after administration of EN, clearly there are insufficient data to draw firm conclusions about the effectiveness and safety of EN versus TPN. Further trials are required with sufficient size to account for clinical heterogeneity and to measure all relevant outcomes”.

Bacterial contamination of pancreatic necrosis. A prospective clinical study.

Beger HG, Bittner R, Bock S, Büchler M.



Gastroenterology. 1986; 91(2):433-8.

Antibióticos

Practice Guidelines in Acute Pancreatitis

Peter A. Banks, M.D., M.A.C.G.,¹ Martin L. Freeman, M.D., F.A.C.G.,² and the Practice Parameters Committee of the American College of Gastroenterology*

¹*Division of Gastroenterology, Center for Pancreatic Disease, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts;* ²*Division of Gastroenterology, Hennepin County Medical Center, University of Minnesota, Minneapolis, Minnesota*

(Am J Gastroenterol 2006;101:2379-2400)

Antibióticos

REVIEW

Evidence-Based Treatment of Acute Pancreatitis *A Look at Established Paradigms*

Stefan Heinrich, MD, Markus Schäfer, MD,* Valentin Rousson, PhD,†
and Pierre-Alain Clavien, MD, PhD**

From this analysis, we conclude that antibiotic prophylaxis is superior to antibiotic treatment in necrotizing AP (level B). Patients with proven pancreatic necrosis should receive antibiotic prophylaxis using imipenem or meropenem (see below) (level A).

Annals of Surgery • Volume 243, Number 2, February 2006

Antibióticos

FEATURE

Early Antibiotic Treatment for Severe Acute Necrotizing Pancreatitis

A Randomized, Double-Blind, Placebo-Controlled Study

E. Patchen Dellinger, MD, Jose M. Tellado, MD,† Norberto E. Soto, MD,‡ Stanley W. Ashley, MD,§
Philip S. Barie, MD, MBA,|| Thierry Dugernier, MD, PhD,¶ Clement W. Imrie, FRCS,#
Colin D. Johnson, MChir, FRCS,** Hanns-Peter Knaebel, MD, MBA,†† Pierre-Francois Laterre, MD,‡‡
Enrique Maravi-Poma, MD, PhD,§§ Jorge J. Olsina Kissler, MD, PhD,||||
Miguel Sanchez-Garcia, MD, PhD,¶¶ and Stefan Utzolino, MD##*

Conclusions: This study demonstrated no statistically significant difference between the treatment groups for pancreatic or peripancreatic infection, mortality, or requirement for surgical intervention, and did not support early prophylactic antimicrobial use in patients with severe acute necrotizing pancreatitis.

(Ann Surg 2007;245: 674–683)

Antibióticos

Prophylactic Antibiotics Cannot Reduce Infected Pancreatic Necrosis and Mortality in Acute Necrotizing Pancreatitis: Evidence From a Meta-Analysis of Randomized Controlled Trials

Yu Bai, M.D., Jun Gao, M.D., Duo-wu Zou, M.D., and Zhao-shen Li, M.D.

Department of Gastroenterology, Changhai Hospital, Second Military Medical University, Shanghai, China

CONCLUSIONS: Prophylactic antibiotics cannot reduce infected pancreatic necrosis and mortality in patients with ANP.

(Am J Gastroenterol 2008;103:104-110)

CPRE

Early ERCP for Gallstone Pancreatitis: For Whom and When?

**Kevin E. Behrns • Stan W. Ashley • John G. Hunter •
David Carr-Locke**

J Gastrointest Surg (2008) 12:629–633

CPRE

J Gastrointest Surg (2008) 12:629–633

Conclusion

In conclusion, the question “For whom and when should early ERCP be performed in patients with gallstone pancreatitis?” is answered using the best available evidence suggests that early ERCP is not indicated in patients with biliary pancreatitis. However, the clinical presentation and course should guide the pancreatologist, and early ERCP and possible papillotomy should be kept in mind for those patients with severe disease and biliary obstruction who are not improving with medical therapy. In addition, other imaging modalities such as MRCP and endoscopic ultrasound may serve as useful screening adjuncts in patients that have clinical evidence of biliary obstruction.

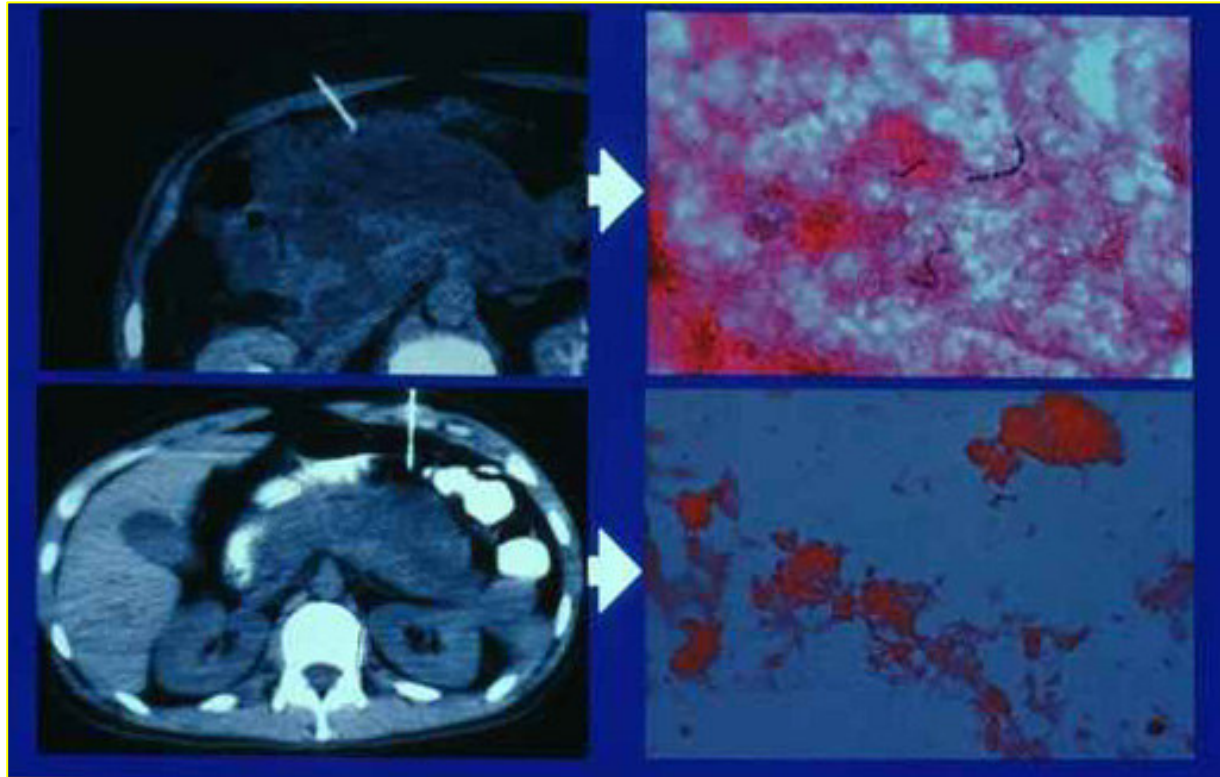
Indicação cirúrgica

- Necrose infectada.
- Pancreatite aguda fulminante.
- Necrose estéril (SIRS).
- Dúvida diagnóstica.

Indicação cirúrgica



Indicação cirúrgica



Indicação cirúrgica

JOP. J Pancreas (Online) 2008; 9(2):240-243.

PANCREAS NEWS

Indications for Surgery in Severe Acute Pancreatitis. Could It Also Be a “Manometric” Question?

Generoso Uomo, Simona Miraglia

Department of Internal Medicine, Cardarelli Hospital. Naples, Italy



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CONCLUSÕES

- **Desafio para clínicos, cirurgiões, endoscopistas e imagenologistas.**
- **Fisiopatologia da pancreatite aguda grave.**
- **Crítérios de gravidade.**
- **Tratamento conservador vs. cirúrgico.**
- **Equipe multidisciplinar.**