

AB166. Acute pancreatitis: a retrospective 5-year review of aetiology, epidemiology and management

Amenah Dhannoon¹, Nauar Knightly¹,
Christopher White², Sherif El-Masry²

¹Department of Surgery, University Hospital Galway, Galway, Ireland;

²Department of Surgery, Our Lady of Lords Hospital, Royal College of Surgeons In Ireland, Drogheda, Ireland

Background: Acute pancreatitis continues to increase in incidence across Europe. The approach to management has changed over the last 10 years, but incorporation of new information is slow. The objectives of our study were to examine the demographics, causes and complications of pancreatitis and to compare the diagnosis and management protocols with the available literature.

Methods: All admissions with acute pancreatitis presenting between 2013 and 2018 (5-year period) were reviewed. A diagnosis of pancreatitis was confirmed with the presence of 2 of 3 factors: abdominal pain, elevated amylase and radiological evidence. Exclusion criteria were patients under 18 and recurrent pancreatitis. Data was extracted from

qualifying patients using a standardized proforma.

Results: A total of 499 records were identified through the internal *Hospital In-Patient Enquiry (HIPE)* system. Of these 307 met the inclusion criteria. Results showed that pancreatitis affected more male (52%) than female patients. Twenty percent of cases were categorised as severe pancreatitis using Glasgow score, with 16.2% of patients admitted to intensive care unit (ICU)/high dependency unit (HDU). The leading cause of pancreatitis was gallstones (40%). Radiological features with computerized tomography (CT) scan was evident in 91% of cases. With only 88% received ultrasonic investigation. With regards to management, antibiotics were used in 28% with no evident indication. Only 36% of patients developed complications with acute kidney injury accounting for the majority of adverse effects.

Conclusions: Overall, CT scan was the main diagnostic tool to confirm pancreatitis. Despite that Glasgow-IMRIE is most accurate at 48 h, it was highly adopted at presentation with negligible reporting at 48 h. Antibiotics were used in the absence of a suspected or confirmed infection.

Keywords: Acute pancreatitis; antibiotics; Glasgow-IMRIE score

doi: 10.21037/map.2020.AB166

Cite this abstract as: Dhannoon A, Knightly N, White C, El-Masry S. Acute pancreatitis: a retrospective 5-year review of aetiology, epidemiology and management. *Mesentery Peritoneum* 2020;4:AB166.