ONE-PAGE CHEAT SHEET

Acute pancreatitis

Diagnose, predict severity, resuscitate

palsurgery.com
Free surgical teaching

CAUSES

- **Gallstones and alcohol**: about 80%
- Hypertriglyceridaemia (over 11.3 mmol/L), hypercalcaemia, post-ERCP, drugs (azathioprine, valproate, thiazides)
- Trauma, viruses (mumps), autoimmune, scorpion venom, idiopathic

DIAGNOSIS: 2 OF 3

- Typical epigastric pain radiating to the back
- Lipase (or amylase) over **3 times** normal
- Typical features on imaging
- CT is **not** needed when the diagnosis is clear; do it after 72–96 hours if not improving

SEVERITY

- Revised Atlanta: **mild** (no organ failure); **moderately severe** (organ failure under 48 h or local complications); **severe** (organ failure over 48 h)
- Predictors: Glasgow-Imrie 3 or more (48 h), BISAP 3 or more, CRP over 150 mg/L at 48 h
- Amylase level does **not** predict severity

MANAGEMENT

- Goal-directed, moderate fluids (Hartmann's / Ringer's lactate): aggressive fluids cause harm
- Analgesia (opioids are fine), oxygen, monitor urine output
- Early oral feeding when tolerated; enteral before parenteral
- **No prophylactic antibiotics**
- ERCP within 24 h only for cholangitis
- Mild gallstone pancreatitis: cholecystectomy on the same admission

LOCAL COMPLICATIONS

- Under 4 weeks: acute peripancreatic fluid or acute necrotic collection
- Over 4 weeks: pseudocyst (no necrosis) or walled-off necrosis
- Infected necrosis: antibiotics, then the **step-up approach** (drainage, then minimally invasive necrosectomy), ideally after 4 weeks

DON'T MISS

- Hypocalcaemia, hyperglycaemia, AKI, ARDS
- Splenic vein thrombosis, pseudoaneurysm bleeding
- Abdominal compartment syndrome in severe disease

EXAM PEARLS

- Glasgow-Imrie mnemonic: PANCREAS
- Grey Turner's (flanks) and Cullen's (umbilicus) signs: haemorrhagic pancreatitis
- Look for the cause in every case: ultrasound for stones, triglycerides, calcium

Full page: **palsurgery.com/liver-gallbladder/** · Test yourself: **palsurgery.com/mcq/hepatobiliary/**

© 2026 Dr. Mohammed Maree · Free to share for learning (CC BY-NC 4.0) · Educational use: follow local guidelines