

A 28 year old male attends the ED. He has been drinking heavily on a stag weekend. He comes to hospital on the Monday morning with central abdominal pain, radiating to his back.

He has been seen by an SHO who has given adequate analgesia and commenced an IVI. He has done a FBC, U & E and an Amylase. He has also requested an erect CXR which is normal. The SHO is due to do her MRCS part 1 next week and sees this as an opportunity for revision. The amylase is raised at 1200.

She asks you about the Glasgow scoring system for severity in pancreatitis

Give her six points on the score. (3)

Age > 55

WCC > 15

Fasting glucose >10mmol/l

Urea > 16mmol/l

PO2 < 7.9kPA

Calcium < 2mmol/l

Albumin <32g/l

LDH >600

AST > 100

*3 or more of the above constitutes
severe disease*

She then asks what are main causes of pancreatitis. She can remember “scorpion bites, but is sure that this is not the case in this patient.

Give 6 causes. (3)

Gallstones

Ethanol

Trauma

Steroids

Mumps, EBV, Coxsackie

Autoimmune e.g. PAN

Scorpion venom

Hyperlipidaemia, hypercalcaemia, hypothermia

ERCP, embolism

Drugs e.g. thiazides, azathioprine,

Pancreatic cancer

What are the main early complications of pancreatitis? (2)

Acute renal failure

DIC

ARDS

Hypocalcaemia

Shock

½ each

What are the late complications? (2)

Pancreatic pseudocyst

Pancreatic abscess

Hyperglycaemia (May need insulin)

Thrombosis of vessels e.g SMA, Gastroduodenal, splenic

Bleeding: erosion of splenic artery (1 mark each)