

556 A Prospective Review of Risk Factors, Clinical Presentation and Management Outcomes for Chronic Pancreatitis

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Aim: and objectives: To identify the risk factors, symptoms, and severity of Chronic pancreatitis (CP) on admission. To determine the relationship between pancreatic duct diameter and severity of pain and to assess extent of pain relief achieved by medical, endoscopic, and surgical intervention.

Method: 75 patients with CP were admitted over 2 years. Data collected included etiology, symptoms, pain scores and CT/MRCP findings. Patients were classified into mild, moderate, and severe category according to Cambridge classification. Type and response to treatment was recorded. Statistical correlation of the pancreatic duct diameter and pain severity as well as the comparison of pain scores after medical, surgical and endoscopy was performed using Chi square test (p value <0.05)

Results: Median age of presentation of CP was 43 years. Male: female ratio was 3:1. Alcohol was the etiology in 66 %, 99% presented with pain, 65 % belonged to severe category. There was no statistical correlation between pain severity and duct diameter. Pain relief following medical management was 66 %, endoscopic - 73% and surgical - 83 %. There was no correlation between Cambridge classification and pain severity. There was no statistical difference between pain relief offered by either of the three modalities. However, there was a statistically significant correlation between duct diameter and type of intervention.

Conclusions: There is no consensus on the best treatment modality for CP as pain relief was equivalent amongst all the modalities. Therefore, the choice of intervention for patients suffering from chronic pancreatitis should be based on imaging characteristics and symptomatology.