Letter to the editor
Treatment and outcome in acute pancreatitis

Abel Salvador Arroyo-Sánchez[1*]

[1] Universidad Privada Antenor Orrego and Hospital Víctor Lazarte Echegaray, EsSalud, in Trujillo, Perú

*Correspondence: Abel Salvador Arroyo-Sánchez, abelsalvador@yahoo.com

Received: 28/10/19
Accepted: 30/10/19

Dear Editor:

After reading the article written by H. Puerto et al. and published by your magazine, I considered it important to comment. The article is about treatment and outcomes of patients with acute pancreatitis over three years at a university hospital.

I would like to mention that the American Gastroenterology Association recommends starting enteral nutrition early rather than late on the bases of 11 randomized controlled trials. Those trials did not demonstrate decreasing mortality but did demonstrate fewer infectious complications including peripancreatic necrosis, multiple organ failure and surgery to address pancreatic necrosis. (1, 2) The recommended route is oral (with either gastric or post-pyloric catheter) depending on the tolerance of each patient. Similarly, all possible clinical mechanisms for the use of this route such as antiemetics, prokinetic agents, pancreatic enzymes, soluble fiber and antidiarrheal agents should be exhausted if need be. (3)

In severe cases of acute pancreatitis, enteral nutrition may need to be delayed until the patient is stabilized, but it is still the preferred method of feeding. (4) This is so because parenteral nutrition has higher rates of organ failure, infectious and metabolic complications and mortality than does enteral nutrition. (5, 6) The time needed to achieve daily energy and protein requirements can precipitate the use of complementary parenteral nutrition or even total parenteral nutrition in patients without previous malnutrition for whom the daily enteral nutrition volume cannot be increased. According to the 2012 Atlanta classification of acute pancreatitis, neither organ failure, localized complications nor systemic complications should occur after the first 48 hours of mild acute pancreatitis. Thus, most of these patients will tolerate the oral route, and very few will require gastric or post-pyloric feeding tubes. Moderately severe acute pancreatitis leads to reversible organ failure, systemic complications or local complications. Some of these may require parenteral nutrition. Severe acute pancreatitis may require parenteral nutrition more frequently.

Due to the high risk of adverse outcomes, surgery is only recommended when there are infectious complications refractory to intensive antimicrobial treatment, progressive clinical deterioration, severe mechanical complications such as behavioral syndrome refractory to clinical management, obstruction, bleeding or perforation. (4, 7) If surgery is necessary, it should be carried out as late as possible, to allow the necrosis and inflammation of the peripancreatic tissues to be defined as well as possible.

Conflicts of interests

The author has no conflicts of interest.

REFERENCES

1. Puerto Horta LJ, Medina Rojas R, Nuñez Romero LR, Jiménez Sánchez HC, Olaya Ramírez JG, San Juan JF, et al. Manejo y desenlaces de la pancreatitis aguda en un hospital de cuarto nivel (Huila, Colombia), 3 años de experiencia. Rev Colomb Gastroenterol. 2019;34(1):10-6. doi: http://dx.doi.org/10.22516/25007440.243.
2. Crockett SD, Wani S, Gardner TB, Falck-Ytter Y, Barkun AN. American Gastroenterological Association Institute Guideline on initial management of acute pancreatitis. Gastroenterology. 2018;154:1096-01. doi: https://doi.org/10.1053/j.gastro.2018.01.032.
3. Roberts KM, Nahikian-Nelms M, Ukleja A, Lara LF. Nutritional aspects of acute pancreatitis. Gastroenterol Clin North Am. 2018;47(1):77-94. doi: https://doi.org/10.1016/j.gtc.2017.10.002.
4. Yokoe M, Takada T, Mayumi T, Yoshida M, Isaji S, Wada K, et al. Japanese guidelines for the management of acute pancreatitis: Japanese Guidelines 2015. J Hepatobiliary Pancreat Sci. 2015;22:405-32. doi: https://doi.org/10.1002/jhbp.259.
5. Lodewijkx PJ, Besselink MG, Witteman BJ, Schepers NJ, Gooszen HG, van Santvoort HC, et al. Nutrition in acute pancreatitis: a critical review. Expert Rev Gastroenterol Hepatol. 2016;10(5):571-80. doi: https://doi.org/10.1586/17474124.2016.1141048.
6. McClave SA, Taylor BE, Martindale RG, Warren MM, Johnson DR, Braunschweig C, et al. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (ASPEN). J Parenter Enteral Nutr. 2016;40(2):159-211. doi: https://doi.org/10.1177/0148607115621863.
7. Leppäniemi A, Tolonen M, Tarasconi A, Segovia-Lohse H, Gamberini E, Kirkpatrick AW, et al. 2019 WSES guidelines for the management of severe acute pancreatitis. World J Emerg Surg. 2019;14:27. doi: https://doi.org/10.1186/s13017-019-0247-0.