

SAQ 3

A GP has referred a 54 yr old male to your Emergency Department with pancreatitis. He has had 2 days of epigastric pain and vomiting. His serum lipase is 4300 [lab normal <60].

a. List 4 potential causes for this patient's pancreatitis (4 Marks)

- *Common*
 - *Gallstone*
 - *Alcohol*
 - *Dyslipidaemia*
 - *Hypercalcaemia - hyperparathyroid, metastatic, sarcoidosis*
 - *Sphincter of Oddi dysfunction*
 - *Drugs - azathioprine, valproate, co-trimoxazole, frusemide, steroids*
 - *Toxins*
 - *Post-ERCP*
 - *Traumatic*
 - *Postoperative*
- *Uncommon*
 - *Structural - cancer of pancreas or periampullary, pancreas divisum*
 - *Vasculitis*
- *Rare*
 - *Infective - Coxsackie virus, mumps, HIV, parasitic, ascariasis*
 - *Autoimmune - SLE, Sjorgren's syndrome*
 - *α 1-Antitrypsin deficiency*

b. List 4 potential complications from pancreatitis (4 Marks)

1 mark each for any of:

- *Pseudocyst formation*
- *Pancreatic abscess*
- *Haemorrhagic pancreatitis*
- *Pancreatic necrosis*
- *Splenic vein thrombosis*
- *Duodenal obstruction*
- *Chronic pancreatitis / pancreatic insufficiency*
- *Hypocalcaemia*
- *ARDS*
- *Multi-organ dysfunction syndrome*
- *Pleural effusion*

c. List 6 factors which suggest severe pancreatitis (3 Marks)

1/2 mark each for any of:

- *Age >65 yrs*
- *BMI >30*
- *Pleural effusion on CXR*
- *>30% necrosis on contrast CT*
- *APACHE II >8*
- *Organ failure*
- *Ranson score >3 (can only be completed at 48hrs)*
- *Glasgow score \geq 3 (can only be completed at 48hrs)*
- *CRP >150(24-48 hrs post presentation)*