Acute Mild Moderate Unexplained Pancreatitis: Which Treatment?

Pasquale De Biasio, Immacolata Forlano, Francesco Lapolla, Libero Luca Giambavicchio, Vincenzo Neri

General Surgery, Department of Medical and Surgical Sciences, University of Foggia. Foggia, Italy

Context Unexplained pancreatitis actually remain a diagnostic and therapeutic challenge. Objective The aim of this study is to define a possible therapeutic program for mild-moderate acute pancreatitis, most often recurrent, which at the end of the diagnostic process remain with an undefined etiology. Methods In the period 2011-2012 we observed 64 acute pancreatitis (AP): 52 mild-moderate and 12 severe AP. Etiological data: 39 biliary AP; 5 biliary AP in alcoholic chronic pancreatitis; 20 unexplained recurrent AP. At the end of the clinical and instrumental evaluation of the 20 unexplained AP, we had 6 patients with biliary sludge, 4 microlithiasis, 4 sphincter of Oddi dysfunction, 6 AP remain undefined. Results Among 20 patients with recurrent AP unexplained at the admission, we performed 10 videolaparocholecystectomies (VLC), 2 open cholecystectomies, 4 ERCP/ES in patients undergone to previous cholecystectomy, and 4 patients refused surgery. In particular in 6 patients with unexplained acute pancreatitis, 4 VLC and 2 ERCP/ES were performed. Follow up after 6 months was negative for further recurrence in all patients. Conclusion The recurrence of unexplained acute pancreatitis with a non predictable severity evolution is due to the persistence of the biliary-pancreatic flux obstacle, in most cases (80%) related to microlithiasis. After the complete diagnostic process which may exclude other causes, it is proposable to perform a cholecystectomy and/or ERCP/ES to define empirical in few cases.