

Outcomes and follow-up of acute pancreatitis

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The overall mortality from acute pancreatitis has remained at 10–15% over the past 20 years. There is a clear responsibility before the patient is discharged to determine the aetiology of - the attack of pancreatitis and the causes listed in Summary box 72.5 must be looked for and excluded. Failure to remove a predisposing factor could lead to a second attack of pancre - atitis, which could be fatal. A proportion of patients in the idiopathic group who su ff er repeated attacks may prov e to have biliary microlithiasis, which can be identified only by bile sampling at ERCP or by EUS. In a patient who has gallstone pancreatitis, the gallbladder and gallstones should be removed as soon as the patient is fit to undergo surgery and, preferably , before discharge from hospital.

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