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Summary

Pancreatic pain: From symptoms to treatment

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Paediatrics | Pancreas | Hepatobiliary

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The speaker reviewed evidence-based pain management strategies across acute pancreatitis, chronic pancreatitis, and pancreatic cancer, emphasising that pain is undertreated and requires individualised multimodal approaches beyond opioids.

KEY POINTS

- In acute pancreatitis, the speaker stated that NSAIDs reduce inflammation and mortality without severe adverse effects, and Cox-2 inhibitors were reported to reduce occurrence and duration of severe disease in a Chinese study.
- The speaker presented the SHOCK trial comparing ERCP plus an unclear intervention versus sham in chronic pancreatitis, reporting only a 0.7 visual analogue scale improvement with no quality-of-life benefit or pain difference at 24 weeks, questioning clinical relevance.
- In pancreatic cancer, neural invasion occurs in up to 90% of patients as stated by the speaker, causing neuropathic pain; a study of 100 patients showed coeliac plexus neurolysis worsened survival, especially in stage 4 disease.
- The speaker recommended trying pregabalin and SNRIs before opioids in chronic pancreatitis, stating that opioids should be avoided due to addiction risk and gut side effects.
- The speaker advocated that gastroenterologists, not pain specialists alone, should manage pancreatic pain because over 50% of GI outpatients present with pain and differential diagnoses like peptic ulcers or SIBO are often overlooked.
- The speaker's group uses quantitative sensory testing and electrophysiological response to tailor analgesic therapy, stating that treatment may not reduce pain intensity but can improve psychological and functional outcomes including return to work.

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