“COMPARISON OF EFFICACY OF THORACIC EPIDURAL ANALGESIA VERSUS INTRAVENOUS ANALGESIA FOR PAIN CONTROL AND MORBIDITY IN PATIENTS OF ACUTE PANCREATITIS”

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A prospective study of 36 acute pancreatitis patients found thoracic epidural and intravenous patient-controlled analgesia equally effective for pain control, with no significant differences in organ failure, SIRS resolution, or mortality.

KEY POINTS

- Both epidural PCA (ropivacaine plus fentanyl) and IV PCA (fentanyl plus paracetamol) achieved adequate pain control by day 3, with mean durations of 3.28 versus 3.11 days respectively and no statistically significant difference (p=0.496).
- Rescue morphine was required in 38.9% of epidural patients (total 60 mg) versus 50% of IV patients (total 76 mg), a non-significant difference (p=0.83).
- Organ failure occurred in 25% of patients overall (4 epidural, 5 IV), with acute lung injury most common at 16.7% and no mortality in either group.
- SIRS resolution at day 3 showed a non-significant trend favoring epidural analgesia (70% versus 27.7%, p=0.089).
- This study may interest clinicians managing moderate to severe pain in acute pancreatitis patients seeking evidence on epidural versus standard systemic analgesia approaches.

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