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Summary

Welcome to the theatre: Interventional treatment in acute pancreatitis – the secrets of endoscopy vs. indications and contraindications for surgery

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This presentation reviewed endoscopic and surgical management of acute pancreatitis, emphasising delayed drainage after encapsulation, endoscopy as first-line therapy for necrotising pancreatitis, and early cholecystectomy for biliary pancreatitis.

KEY POINTS

- The speakers stated that drainage should be postponed until collection encapsulation occurs (around four weeks), as early drainage before four weeks showed no mortality or complication advantage and 35% of patients responded to antibiotics alone.
- Complete encapsulation versus partial encapsulation was reported to give better clinical success, fewer adverse events, and ten times lower mortality according to the speakers.
- Endoscopy is now the first choice for drainage over surgery, with the speakers reporting that endoscopy versus minimally invasive surgery showed fewer fistulas and shorter hospital stay with equivalent clinical success.
- The Panter trial (16 years old) and the Meso trial (66 patients) were cited as showing that open necrosectomy has significantly higher complication and death rates compared to step-up endoscopic approaches.
- For biliary pancreatitis, the speakers recommended same-admission cholecystectomy in mild disease based on trials showing shorter length of stay and lower readmission rates, but deferring cholecystectomy in severe pancreatitis until collections resolve.
- The speakers stated that surgery's role is now limited to collections beyond endoscopic reach, ischaemic bowel, abdominal compartment syndrome, and disconnected pancreatic duct syndrome requiring pancreatectomy.

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