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Summary

Evolution of acute necrotising pancreatitis: Imaging, clinical decision-making, and management of complications

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The speakers presented a multidisciplinary approach to acute necrotizing pancreatitis, emphasizing that CT imaging should be delayed until after 72 hours in predicted severe disease to avoid underestimating severity, and that drainage timing should be guided by clinical symptoms rather than imaging findings alone.

KEY POINTS

- The speakers stated that CT is best performed after day three but within the first week in patients with predicted severe acute pancreatitis, as early imaging within 72 hours may underestimate severity due to the dynamic evolution of pancreatic necrosis.
- Treatment decisions should be guided by symptoms such as fever, sepsis, gastric outlet obstruction, or biliary obstruction rather than collection size or imaging appearance alone, with the speakers noting that recent evidence supports endoscopic drainage before four weeks when clinically indicated.
- A new classification system using quadrants involved, percentage of necrosis, and presence of infection stratifies patients into low- and high-risk groups, with the speakers stating that high-risk patients may benefit from more aggressive early intervention.
- The speakers reported that both lumen-apposing metal stents and double pigtail plastic stents are equally effective for EUS-guided drainage, though LAMS facilitates same-session necrosectomy, which the speakers indicated may reduce complications and recovery time based on the ACCELERATE study.
- Bleeding was described by the speakers as the most frequent and severe adverse event, with their case demonstrating splenic artery pseudoaneurysm requiring embolization and colonic fistula requiring surgical resection.

– The speakers emphasized that necrotizing pancreatitis requires multidisciplinary management involving gastroenterologists, interventional radiologists, and surgeons, noting that combined multi-modal approaches may be preferable to sequential step-up strategies.

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