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Summary

Panel discussion: A 360-degree appraisal of acute pancreatitis

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Endoscopy | Pancreas | Radiology & Imaging

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This panel discussion addressed practical management controversies in acute necrotizing pancreatitis, including drainage timing, irrigation techniques, imaging strategies, and the emerging role of COX-2 inhibitors in modifying disease severity.

KEY POINTS

- For acute severe necrotizing pancreatitis in the first two weeks before encapsulation, the speaker stated that percutaneous drainage is preferred over endoscopic approaches when intervention is clinically necessary.
- The speaker reported using 50-50 dilution of hydrogen peroxide plus saline for intensive irrigation during necrosectomy, citing American Journal of Gastroenterology data showing benefit, though acknowledged using Betadine without supporting evidence.
- The speaker described two Chinese randomized trials of COX-2 inhibitors (one single-center, one multicenter double-blind) reporting decreased severity, local complications, and mortality, and recommended starting to use COX-2 inhibitors as a potentially disease-modifying therapy.
- For patients with central necrosis and a viable pancreatic tail producing fluid, the speaker stated that a permanent endoscopic plastic drain must remain in place indefinitely (reporting patients with drains for five years) to prevent recurrent collections.
- The speaker stated that CT severity scoring predicts only morphological severity, not infection risk, and that procalcitonin is the key marker to differentiate infected from sterile necrosis when imaging is inconclusive.
- The speaker is conducting a trial comparing ursodeoxycholic acid versus placebo in patients who cannot undergo cholecystectomy due to age, comorbidities, or surgical wait times (reported as one year in Spain).

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