



Gastrointestinal tract complications in severe acute pancreatitis

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Abstract

AIM: To evaluate clinically the gastrointestinal (GI) tract complications of severe acute pancreatitis and discuss management to the complications.

METHODS: Sixty-five cases with acute pancreatitis admitted to our hospital during past two years (Jan.1996 to Feb.1998) were analysed. The group consisted of 56 male patients and 19 females with average age of 48.3 (28-76). The recorded mean Ranson-s score was 2.73 (0-7).

RESULTS: Seven cases developed severe paralytic ileus, in

six of them their symptom subsided gradually with a group of treatments including GI tract aspiration, sufficient oxygen supply, use of glucocorticoid supplement of albumin, selective digestive decontamination (SDD) and cathartica L. therapy especially the use of Chinese medicine, rhubarb. Four patients developed serious duodenal adynamic ileus leading to a long term gastric aspiration. Gastroduodenal or gastrojejunal feeding is an appropriate method to help patients to overcome the high risk period when adynamic duodenum is detected, Pancreatitis-induced intestinal necrosis and intestinal fistula developed in 3 cases, Total mortality rate in our group is 6.1% (4/65).

CONCLUSION: Gastrointestinal tract is frequently involved in severe acute pancreatitis. Synthetical treatment, espacially, gastroduodenal or gastrojejunal aspiration and feeding and SDD is helpful to the group of patients.

Key words: Pancreatitis/complications; Gastrointestinal diseases/diagnosis; Gastrointestinal diseases/therapy

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