PANCREATITIS

An Essay
Submitted for partial fullfilment
of master degree in
General Surgery

By

Amr Mahmoud Ismail

M.B.,B.ch. (Ain Shams University)

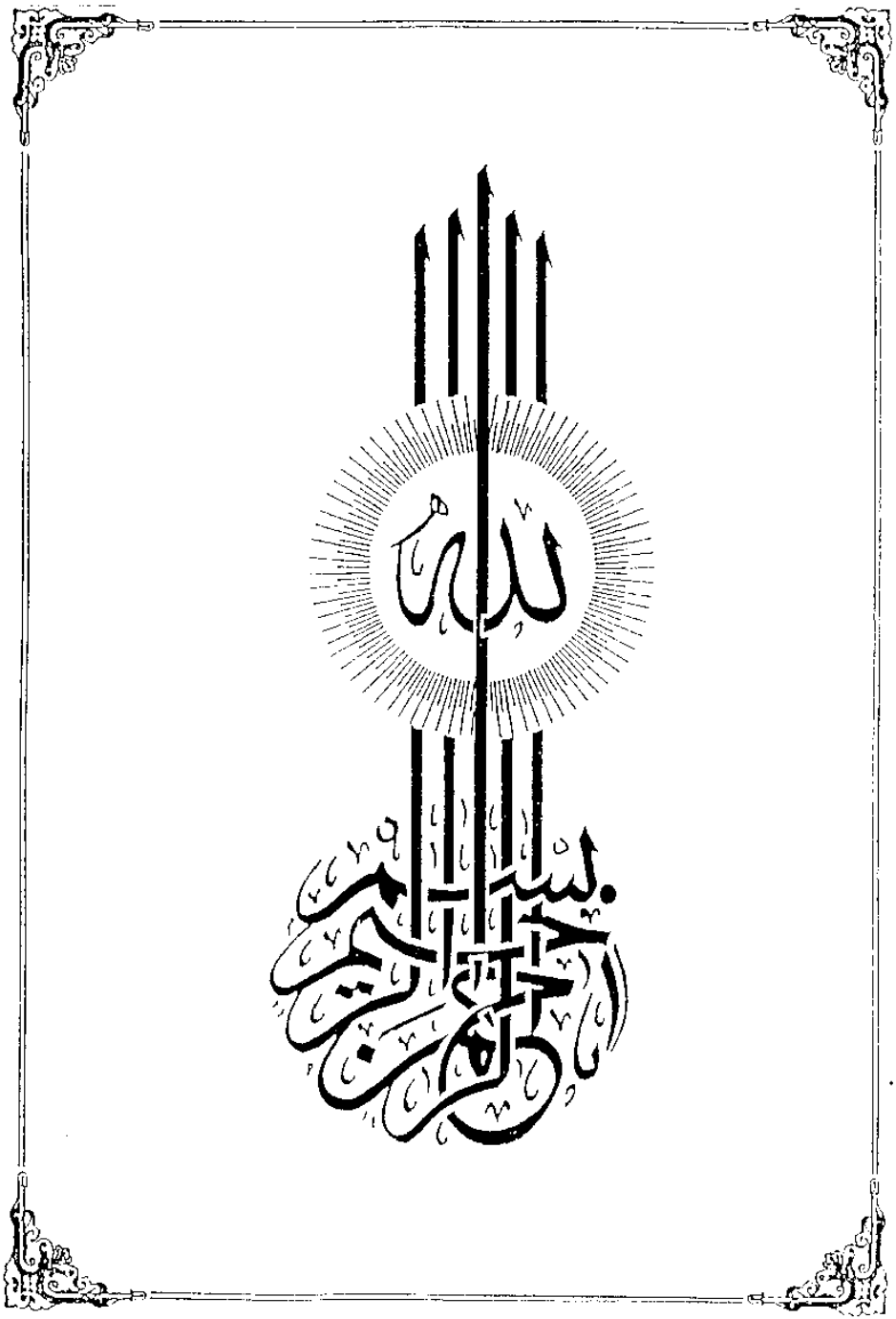
Supervised by

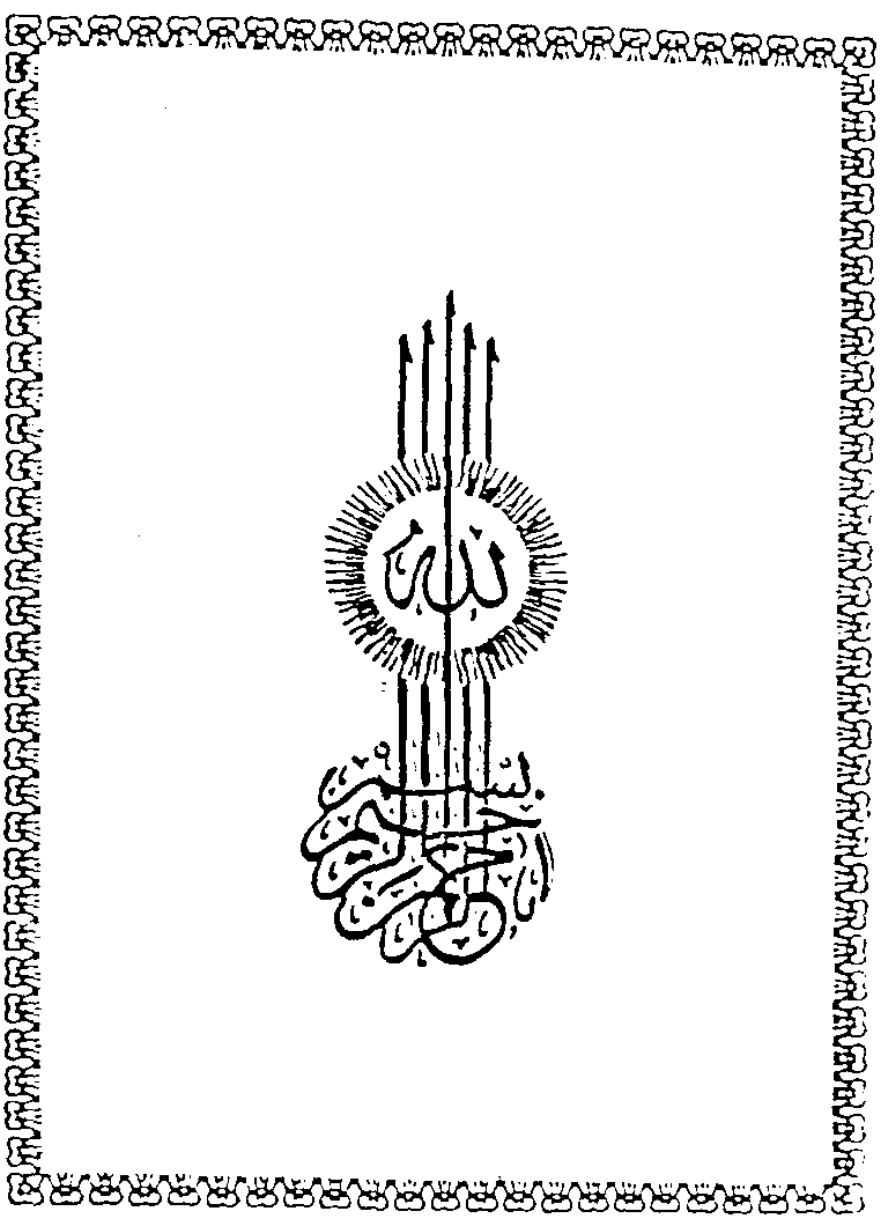
Prof. Dr. Alaa El-Din Ismail

Professor of general surgery
Ain Shams University

Dr. Mohey Eddin Ragab El Banna

Lecturer of general surgery
Ain Shams University





Contents

Acknowledgment

I would like to express my deepest gratitude to ***Professeur Dr. Alaa Ismail*** *for the kind encouragement and supervision, he has offered throughout the course of this work..*

Together with special gratefulll thanks and appreciation to ***Dr. Mohey Eddin El Banna,*** *for his continuous help, encouragement and supervision, providing me all facilities during the performance of this work.*

Introduction

Acute and chronic pancreatitis has been associated with high rate of mortality and morbidity due to difficulties in diagnosis, laboratory investigations. Therefore the appropriate diagnosis in the proper time and technique is essential to enable the surgeon to interfere whenever indicated.

In our study, we deal with various types of acute and chronic pancreatitis with their manifestations, modern techniques of investigations and various types of treatment aiming to have a good overview on the subject.

Anatomy

Pancreatitis

* Anatomy :

The Pancreas is soft in consistency, greyish-pink in colour and its surface is finely lobulated. It is tapering from a big head to a narrow tail, the whole length varies from 10 to 20 cm and about 4cm in width. The average weight of the Pancreas is about 100 gm.

(Bradley & Zeppa. 1981).

The Pancreas lies immediately behind the peritoneum of the posterior abdominal wall. It lies horizontallly from the duodemun to the spleen. The transverse mesocolon is attached to its anterior surface just above the inferior border, thus most of the gland lies in surpacolic ampartment (is the lesser sac, forming part of the stomach bed).

(Davies and Coupland. 1967).

It consists of head, & neck, body and tail.

Head :

It is the broadest part of the Pancreas, occupying the concavity of the duodenum, which is completely filled, it lies over the inferior vena cava, right and left renal veins. Its posterior surface is deeply indented and sometimes tunnelled, by the terminal part of the common bile duct.

In or near the groove between the duodenum and the right lateral and lower borders of the head there is the anastmosis between superior and inferior pancreatico-duodenal arteries.

(Davis and Coupland, 1967).

The lower part of the posterior surface is prolonged, wedge shaped to the left, behind the superior mesenteric vein and artery infront of the aorta, this is the uncinate process. The anterior surface of the head lies in both supracolic & infracolic compartments. Part of this surface is bare, because the leaves of the greater omentum and of the transverse mesocolon are here wide apart at their attachments.

(Davies and Coupland, 1967).

The Neck :

It is prolonged to the left from the upper part of the anterior portion of the head. It lies infront of the superior mesenteric vein and its continuation as the portal vein so, both veins are embraced between the neck and the uncinate process. The splenic vein joins the superior mesenteric vein behind the neck. The superior mesenteric artery touchesthe left side of the vein in front of the uncinate process. The trnasverse mesocolon is attached towards the lower border of the neck, which lies in the stomach bed of the lesser sac.

(Last, 1984).

The Body :

It is somewhat prismoid in shape, and has three surfaces anterior, posterior and inferior.

The anterior surface is concave and is directed forwards and upwards. It is covered with peritoneum, namely the anterior of the 2 ascending layers of the greater omentum, and is separated from the stomach by the omental bursa. The posterior surface is devoid of peritonium and is in contact with the aorta and the origion