شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومـــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قَسَـــم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

MANAGEMENT OF ACUTE PANCREATITIS

Essay

Submitted in partial fulfilment of the master degree in general surgery

By

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1999

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AIM OF THE WORK

The aim of the present work is to throw some light on the recent theories in the pathogenesis of acute pancreatitis and modern trends in the management of different types of acute pancreatitis.

CHAPTER (1)
ANATOMY AND PHYSIOLOGY OF THE PANCREASE

SURGICAL ANATOMY

The pancreas is a digestive gland with a duct system that empties the exocrine secretion into the second part of duodenum *(Mc Minn, 1990).* The name pancreas is derived from the Greek **"Pan"** (all) and **"Kreas"** (flesh), the gland weighs about 80 gm and is situated retroperitoneally *(Mann & Russell, 1992).* In the total absence of the pancreas, lack of the normal degree of fat break-down is the most obvious defect. The presence of the pancreas simply makes digestion more rapid and efficient *(Mc Minn, 1990).*

Gross Anatomy of Pancreas

The gland is of soft consistancy, and its surface is finely lobulated. It is tapering from a big head to a narrow tail, its whole length being over 15 cm (6 inches) *(Last, 1988).*

The pancreas is located in the epigastric and left hypochondriac regions and its right part lies across the bodies of L1 to L3 vertebrae, and it has a head, neck, body, and tail *(Moore, 1992).*

The head and tail lie back in the paravertebral gutters, while the neck and body are curved boldly forward over the anterior vena cava and aorta in front of the first lumber vertebra *(Mc Minn, 1990).*

The Head of the pancreas

The head of the pancreas is that portion lying to the superior mesenteric artery and vein. It is firmly fixed to the medial aspect of the second and third parts of the duodenum. Its junction with the neck is marked anteriorly by an imaginary line from the portal vein above to the superior mesenteric vein below. The anterior pancreaticoduodenal arcade parallels the duodenal curvature, but it should considered to be related to the anterior pancreatic surface rather than to the duodenum. Posteriorly, the surface is related to the hilum and medial border of the right kidney, the right renal vessels, the inferior vena cava with the enterance of the left renal vein into it, the right crus of the diaphragm the posterior pancreaticoduodenal arcade, the right gonadal vein and the distal portion of the common bile duct. ***(Skandalakis 1994).***

The Uncinate Process

The uncinate process of the pancreas is an extension of the lower left part of the posterior surface of the head, usually passing behind the portal vein and the superior mesenteric vessels and in front of the aorta and inferior vena cava. In sagittal section, the uncinate process is located between the superior mesenteric artery and the aorta, having the left renal vein above and the third or fourth part of the duodenum below. The uncinate process may be absent or it may completely encircle the superior mesenteric vessels. If the process is well developed, sectioning of the neck of the pancreas must be done from the front to avoid injury to the superior mesenteric vessels or the portal veins. Very short vessels from the superior mesenteric artery and vein provide the blood supply to the uncinate process. They must be ligated with extreme care during surgery ***(Skandalakis 1994).***