OBJECTIVE

Compare The General Condition Of The Patient While On Conservative Management And Percutaneous Drainage.

Conservative Management Protocol Involves:

- General Condition Assessment
- Keep Patient Nbm
- Iv Fluids
- Iv Nutrition
- Ng Tube Insertion

INTRODUCTION

Acute Pancreatitis Is Sudden Inflammation Of Pancreas. Necrosis Constitute Pathophysiological Product Of Pancreatitis Leading To Acute Pancreatic Necrotic Collections. However, They May Be Sterile And Have A Better Prognosis. Prognosis Worsens When Infection Occurs Within Such Collections.

Acute Pancreatic Necrotic Collections Are Defined As The Collection With Less Than 4 Weeks From Onset, Heterogenous And Non-liquid Density, No Definite Wall Encapsulating The Collection, May Be Intrapancreatic Or Extra Pancreatic—According To 2012 Revised Atlanta Classification. When Gas Bubbles Are Detected In Collections, Caused By Gas Forming Organisms With Or Without Fistulization To Gi Tract, Infection Of Necrosis Is Considered Proven.

Traditionally, Laparotomy With Necrosectomy Was Performed In Such Cases. However, Morbidity And Mortality Being Very High, Era Of Conservative Management Have Set In. In The Last Decade, Many Studies Showed The Conservative Management With Antibiotics And Supportive Measures Being The Preferred Method In Acute Settings Which Was Then Followed By Surgery When The Patient Is Stabilised.

We Here Are To Discuss About This Waiting Period; Whether To Wait With Conservative Management Only, Or While Actively Draining The Collection Percutaneously?

AIM

To Evaluate The Better Method For Bridging To Surgery In Acute Infected Necrotic Pancreatic Collection: Conservative Or Percutaneous Drainage?

OBJECTIVES

Compare The General Condition Of The Patient While On Conservative Management And Percutaneous Drainage.

Compare The Mortality Rates In Case Of Conservative Management With Percutaneous Drainage.

Compare The Progression Of Disease While On Conservative Management With Percutaneous Drainage.

Compare The Complication Rate In Patients While On Conservative Management With Percutaneous Drainage.
Antibiotics: Most Commonly Considered Being Cephalosporins With Or Without Metronidazole.

Percutaneous Drainage Protocol Includes:
- Follow Conservative Management Steps
- Radiology Guided Location Of Collection
- Percutaneous Insertion Of 32 French Drainage Catheter Under Local Anaesthesia With Full Aseptic Precautions And After Proper Consent.
- Once Or Twice Daily Drainage Via Catheter

Complications Considered Include:
- Systemic Inflammatory Response Syndrome
- Systemic Organ Failure
- Drain Site Related Complications

RESULTS
The Patients Considered On Admission Are As Mentioned Above. Patients Are Followed Up After 24 Hours And After 1 Week. The Findings Are As Below:

<table>
<thead>
<tr>
<th>After 24 Hours</th>
<th>Conservatively Managed</th>
<th>Percutaneously Drained</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients With GCS Reduction By 1 Point Or More Compared To Admission</td>
<td>3</td>
<td>1</td>
<td>GCS Reduction Shows The Worsening Of Overall Condition Showing Progression Of Disease</td>
</tr>
<tr>
<td>Patients With Improved Apache II Score Compared To Admission Data</td>
<td>4</td>
<td>9</td>
<td>Improvement In The Score Shows Overall Condition Of The Patient And The Data Definitely Shows Better Count With The Drained Patients</td>
</tr>
<tr>
<td>Within 1 Week</td>
<td>Patients Developing Complications (as Mentioned Above)</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Mortality</td>
<td>1</td>
<td>0</td>
<td>The Reported Death Was Due To MODS</td>
</tr>
<tr>
<td>Patients With Surgery Planned Later On According To The Requirement</td>
<td>9</td>
<td>7</td>
<td>Figure Shows That All Conservatively Managed Patients Needed Surgery Later On However, In Drained Patients, Due To Reduced Size And Relieved Symptoms, The Need Of Surgery Can Be Alleviated (in Some Cases).</td>
</tr>
</tbody>
</table>

Reviewing The Data Suggests The Better Outcome Of The Patients When They Are Managed With Percutaneous Drainage.

CONCLUSION
Though Doing Nothing (antibiotics And Conservative Management) Has Been The Standard To Bridge The Gap Till Patient Becomes Fit For Surgery, Our Study Shows Better Outcome Of Patients With Infected Necrotic Pancreatic Collection When Drained Percutaneously As A Bridge. It Reduces The Overall Waiting Period, Improves Prognosis Of Patient, Reduces Mortality Rate And At Times, Averts The Need Of Final Surgery. However, These Findings Need To Be Confirmed With Larger Studies.