Acute Pancreatitis is the autodigestion of the pancreas by its regurgitated own enzymes when they are in the active form.

**Etiological Factors**
- Idiopathic
- Gallstones
- Ethanol edema in the head of pancreas
- Trauma
- Steroids
- Mumps
- And Coxi B4
- Autoimmune
- Scorpion bite
- Hyperlipidemia
- Ischemia
- ERCP
- H2 blockers
- Thiazides
- Furosemide
- Steroids

**Clinical Picture**
- Shock
- Hypovolemic suppuration hemorrhage vomiting
- Fever
- Jaundice
- Septic
- Left Pleural Effusion
- Acute Pulmonary Failure
- Subcutaneous Necrosis
- Cerebral Abnormalities
- Peritonitis
- Paralytic ileus
- inflammatory mass of pancreas pancreatic abscess pseudocyst
- Cullen's & Grey turner signs

**Complications**
- multi organ failure
- Abscess formation
- Ultrasound
- In most of the cases the cyst regresses & disappears spontaneously
- If not CTscan guided aspiration
- Gastrocystostomy
- Laparotomy
- Recurrent acute attacks
- Steatorrhea
- Chronic Pancreatitis

**Investigation**
- CBC
- Serum electrolytes
- Liver Function Test
- Serum calcium
- Blood glucose
- Serum amylase
- Serum amylase isoenzymes (S+P)
- Urinary amylase
- Amylase-creatinine clearance ratio
- Serum lipase
- Serum methemalbumin
- Peritoneal fluid analysis
- Chest X-Ray
- Abdominal X-Ray
- Barium meal
- Ultrasound
- CT-scan
- MRI

**Ranson’s Criteria**
- CA < 8 mg/dl
- Hematocrit fall > 10%
- PO2 < 60 mm.Hg
- Base deficit > 4 meq/L
- BUN rise 5mg/dl
- Fluid sequestration > 6 L
- After 48H C HOBBS
- 0% Score 0-2
- 15% admit to ICU 3-4
- 50% 5-6
- 100% 7-8

**Acute Pancreatitis.mmap - 12/12/2009 - Maen. K. A.**