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<b>Pathophysiology of Chronic Pancreatitis</b>	<b>1309</b>
Stephen W. Behrman and Eric S. Fowler	

Although the most common causes of chronic pancreatitis have not changed, it has become clear that a host of modifying biochemical, inflammatory, neural, and genetic deviations allows the disease to progress. Alterations in biochemical composition allow calcific stone formation, whereas various toxins, cytokines, and neuro-peptides contribute to the progression of fibrosis and pain production. The basic cellular structure contributing to fibrosis of the pancreas has been elucidated and factors responsible for its activation delineated. Of most importance is the recent recognition of a set of genetic mutations that results in several aberrations of normal pancreatic physiology, which, in conjunction with other inciting insults or by themselves, allow the disease to begin and progress.

<b>The Inflammatory Cascade in Acute Pancreatitis: Relevance to Clinical Disease</b>	<b>1325</b>
Mohammed Elfir, Lillian W. Gaber, Omaima Sabek, Craig P. Fischer, and A. Osama Gaber	

Acute pancreatitis is an inflammatory condition that is initiated by the intra pancreatic activation of proteases. Pancreatic enzyme activation triggers a local and systemic inflammatory response that is associated with recruitment of inflammatory cells into the pancreas and a widespread up-regulation of inflammatory markers in distant tissues.

**Radiologic Assessment of Acute and Chronic Pancreatitis** 1341  
David H. Kim and Perry J. Pickhardt

The capabilities of various imaging modalities, including CT, MRI, and ultrasound, have markedly increased over recent years. This has translated into improved detection and improved characterization of various pathologic processes. This article discusses the current role of imaging in the evaluation of acute and chronic pancreatitis. CT remains a major focal point in issues related to acute pancreatitis, whereas MRI (and magnetic resonance cholangiopancreatography) plays a larger role in chronic pancreatitis.

**Benign Pancreatic Tumors** 1359  
Sushanth Reddy and Christopher L. Wolfgang

The goal of this article is to describe the different types of benign pancreatic neoplasms, methods to distinguish between them, and treatment options. Pancreatic adenocarcinoma is associated with specific neoplastic lesions that are similar in radiographic appearance to some benign lesions. The correct differentiation of these malignant and premalignant lesions from their benign counterpart is paramount to their proper management.

**Endoscopic Management of Acute and Chronic Pancreatitis** 1379  
Siriboon Attasaranya, Ayman M. Abdel Aziz,  
and Glen A. Lehman

Endoscopic therapy has been increasingly recognized as the effective therapy in selected patients with acute pancreatitis and chronic pancreatitis (CP). Utility of endotherapy in various conditions occurring in acute pancreatitis and CP is discussed. Its efficacy, limitations, and alternatives are addressed. For the best management of these complex entities, a multidisciplinary approach involving expertise in all pancreatic specialties is essential to achieve the goal.

**Nutrition Support in Pancreatitis** 1403  
Caitlin S. Curtis and Kenneth A. Kudsk

Nutrition support is especially important in patients who have pancreatitis, as these patients have high metabolic needs and are usually unable to ingest sufficient calories from an oral diet because of pain or intestinal dysfunction. Clinicians must assess severity of the disease carefully, as initiation and timing of nutrition support are crucial. Depending on the severity, early nutrition support may be unnecessary, while late support ultimately may lead to worse outcomes. Route of nutrition support also plays an important role in treatment. The clinician has many alternatives from which to choose, including enteral nutrition given nasogastrically or nasojejurally, or parenteral nutrition given through a central line. This article explores the role of nutrition support in the outcome of pancreatitis and provides guidelines to aid the clinician in caring for patients who have acute and chronic pancreatitis.

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