DECISION MAKING OF INTERVENTION IN PANCREATITIS

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Pancreatitis remains a significant clinical challenge, requiring timely and appropriate decision-making to optimize outcomes while minimizing morbidity. Both acute pancreatitis (AP) and chronic pancreatitis (CP) demand distinct yet overlapping strategies guided by disease severity, complications, and structural abnormalities. In acute pancreatitis, the cornerstone of management is early diagnosis, severity assessment, and initiation of supportive care. Intervention is not routinely required in uncomplicated cases. However, the presence of complications—particularly infected necrosis, symptomatic fluid collections, or biliary obstruction—necessitates a structured approach. The modern "step-up" strategy prioritizes minimally invasive techniques, beginning with antibiotics and percutaneous catheter drainage, followed by endoscopic or surgical necrosectomy when required. Timing of intervention is critical, especially in walled-off necrosis, where delayed drainage beyond four weeks improves outcomes. In gallstone pancreatitis, urgent ERCP is reserved for cholangitis, while cholecystectomy prevents recurrence. Chronic pancreatitis, in contrast, is characterized by persistent pain and progressive structural damage. Initial management focuses on medical therapy, including analgesia, pancreatic enzyme supplementation, and lifestyle modification. Interventions are indicated for refractory pain or complications such as ductal obstruction, pseudocyst, or suspicion of malignancy. Endoscopic therapy is preferred in patients with dilated ducts or obstructive stones, while surgical options are reserved for treatment failure or complex disease. This presentation highlights a practical approach to intervention in pancreatitis, emphasizing individualized care, minimally invasive strategies, and timely escalation. Understanding when to intervene—and when to avoid intervention—is key to improving patient outcomes.

Keywords: Acute and chronic pancreatitis, Minimally invasive interventions, Step-up approach

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