

Managing Infected Pancreatic Necrosis

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Abstract

The management of infected pancreatic necrosis has historically been based on early, open necrosectomy, associated with significant mortality. In recent years, an evidence based transformation has occurred towards the step-up approach consisting of percutaneous catheter drainage, if necessary, followed by minimally invasive necrosectomy. More recently the endoscopic step-up approach has gained popularity. This review evaluates the diagnosis, prevention and treatment of infected necrotizing pancreatitis.

Key points in managing Infected pancreatic necrosis:

- multidisciplinary team approach in tertiary level centres;
- no indication for prophylactic antibiotics or probiotics;
- nasogastric, enteral nutrition indicated after 72 hours, if oral feeding is insufficient;
- only intervene in infected necrosis;
- delay intervention until “walled-off necrosis”;
- step-up approach of percutaneous or endoscopic catheter drainage, followed by minimally invasive necrosectomy, if required;
- endoscopic strategies are preferable where possible.

Key words: pancreatitis, infected pancreatic necrosis, necrosectomy