

Imaging of acute pancreatitis: update of the revised Atlanta classification

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Aims and objectives

Establishment of the severeness of acute pancreatitis is very important for the treatment of acute pancreatitis. In this study, we aimed to investigate 'revised Atlanta classification' correctness.

Methods and materials

The patients who got the diagnosis of acute pancreatitis between June and December 2015 in Sakarya University Hospital were taken to our study. We evaluated the morphology of the pancreas, interstitial oedematous and necrotic, severity of the pancreas and local complications. We also evaluated laboratory tests, APACHE, Ranson, BISAP, SIRS, PANCODE and CTSI scores.

Results

Establishment of the severeness of acute pancreatitis is very important for the treatment of acute pancreatitis. In this study, we aimed to investigate 'revised Atlanta classification' correctness.

The patients who got the diagnosis of acute pancreatitis between June and December 2015 in Sakarya University Hospital were taken to our study. We evaluated the morphology of the pancreas, interstitial oedematous and necrotic, severity of the pancreas and local complications. We also evaluated laboratory tests, APACHE, Ranson, BISAP, SIRS, PANCODE and CTSI scores.

We evaluated 113 acute pancreatic patients. 98 patients (86.7%) were interstitial oedematous pancreatitis, 15 patients (13.1%) were necrotic pancreatitis. According to Revised Atlanta classification; 69 patients (69.1%) minimal severe, 33 patients (29.2%) medium severe and 11 patients (9.7%) highly severe pancreatitis. 22 patients had acute pancreatic fluid collection, 1 patient had pancreatic pseudocyst, 6 patients had acute necrotic collection, 8 patients had wall of necrosis, 4 patients had gastric outlet dysfunction, 1 patient had colon necrosis, 5 patients had primary infected necrosis, 2 patients had portal vein thromboses, 1 patient had splenic vein thrombosis.

Severeness of acute pancreatitis is concordance both with Revised Atlanta Classification, scoring systems and laboratory parameters.

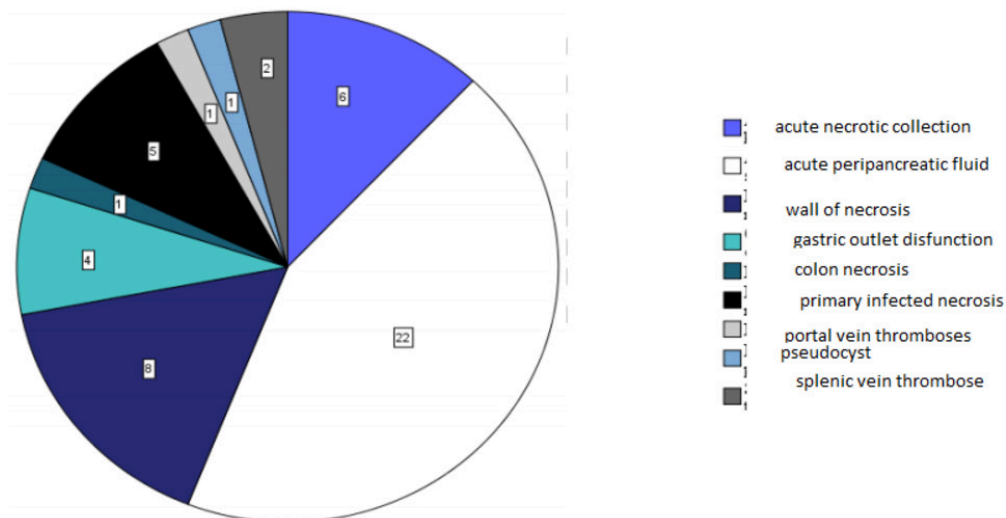


Fig. 1

References: SAKARYA UNIVERSITY



Fig. 2: NECROSIS

References: SAKARYA UN#VERSITY



Fig. 3: WON-SEPTATION

References: SAKARYA UNIVERSITY

Conclusion

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