

GRAND ROUNDS CLINICI DEL MERCOLEDÌ con il Policlinico San Matteo

Sistema Socio Sanitario



Regione
Lombardia



Fondazione IRCCS
Policlinico San Matteo

ATS Pavia

Aula Magna "C. Golgi"
& WEBINAR

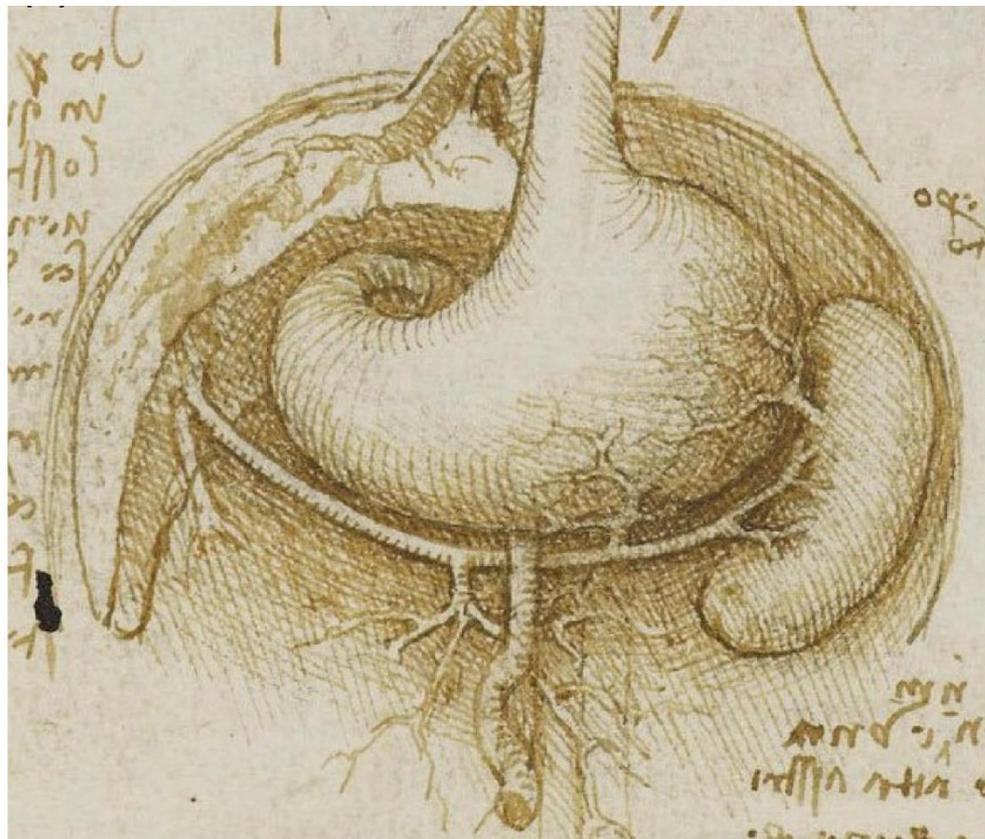
25 Maggio 2022

Lorenzo Cobianchi

Pancreatite Acuta Necrotica Severa: when less is more.



GRAND ROUNDS CLINICI DEL MERCOLEDÌ



The pancreas has been referred to as “no man's land,” which may explain why even the brightest thinkers in the East and West did not describe the pancreas in their anatomical diagrams



- Donna di 70 anni
- Diabete Mellito di tipo II in terapia insulinica
- Colelitiasi
- Istero-annessiectomia bilaterale per fibromatosi
- Obesità

Trasferita in data 11/01 presso la terapia intensiva da altro ospedale per pancreatite acuta severa

Quadro clinico d'ingresso caratterizzato da una insufficienza respiratoria senza altro impairment significativo

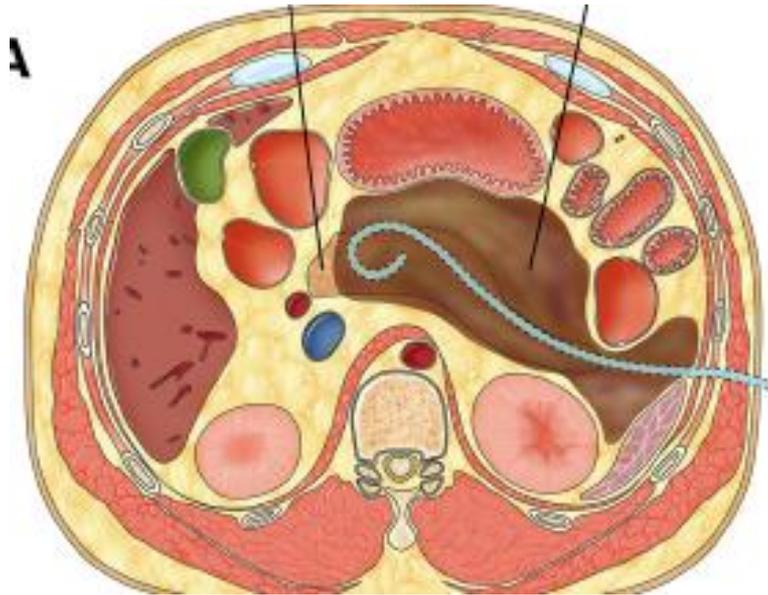




TC al trasferimento da altro ospedale

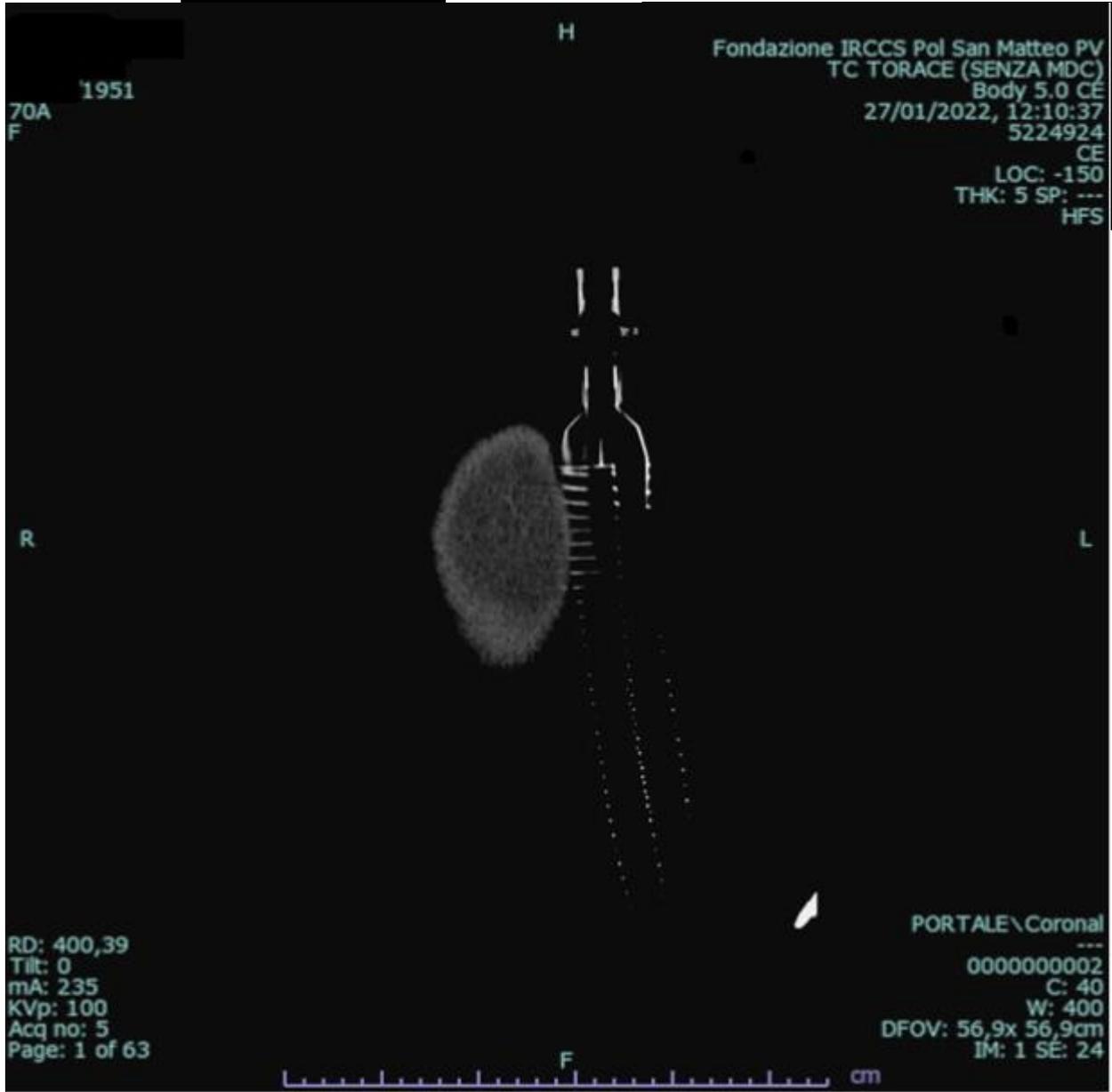


- 12/01 viene eseguito drenaggio percutaneo di una delle raccolte
- 17/01 viene eseguita tracheostomia



Nel corso di questa prima settimana la paziente
NON sviluppa ipertensione addominale





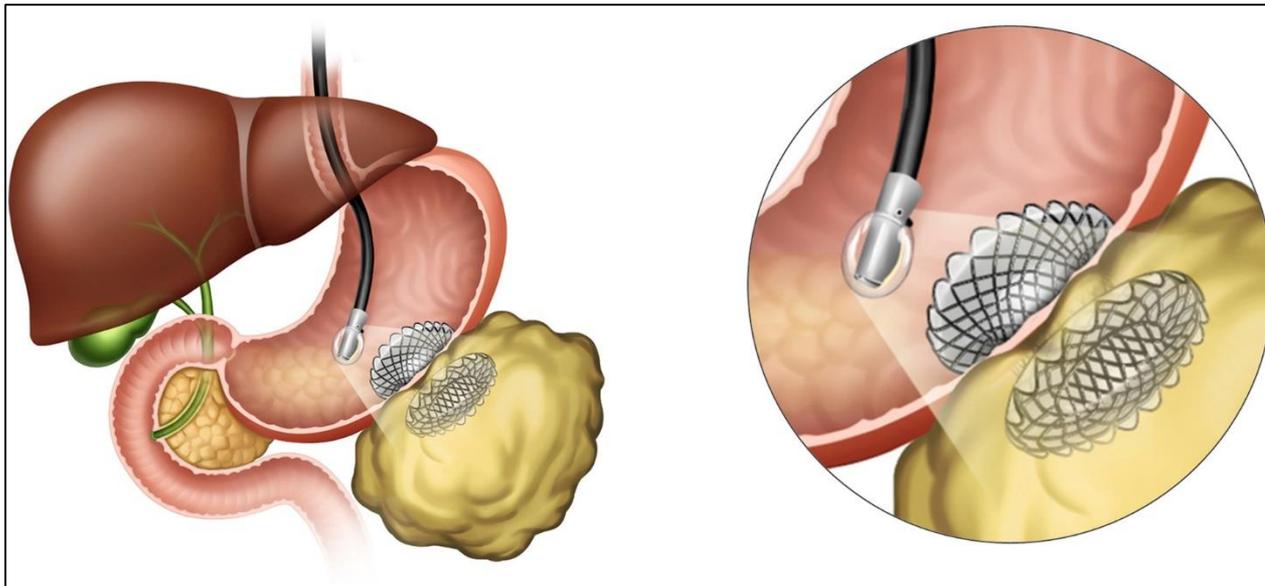
27/01 (17 gg)
Post posizionamento
drenaggio percutaneo



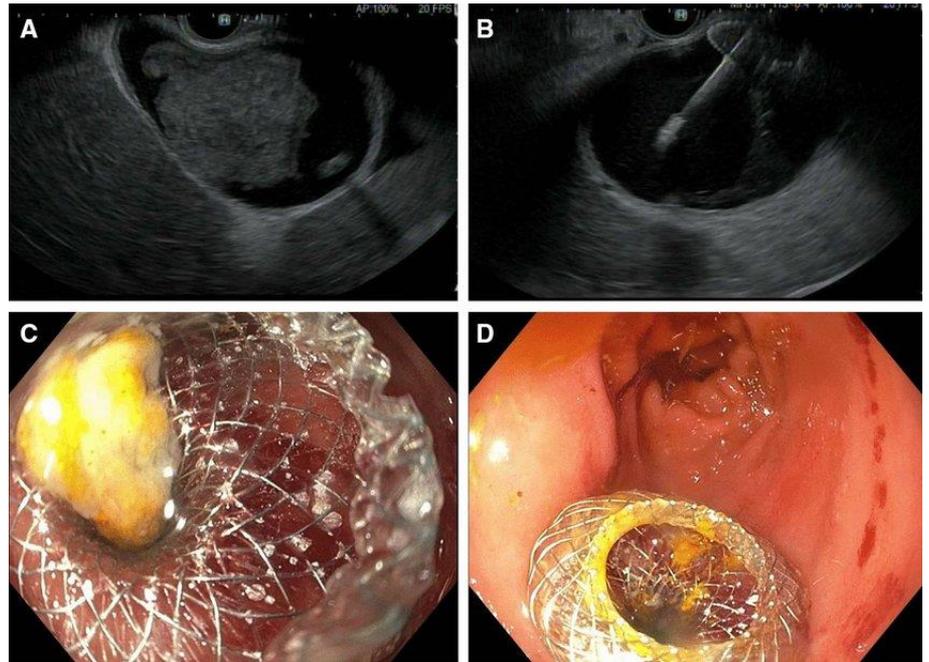
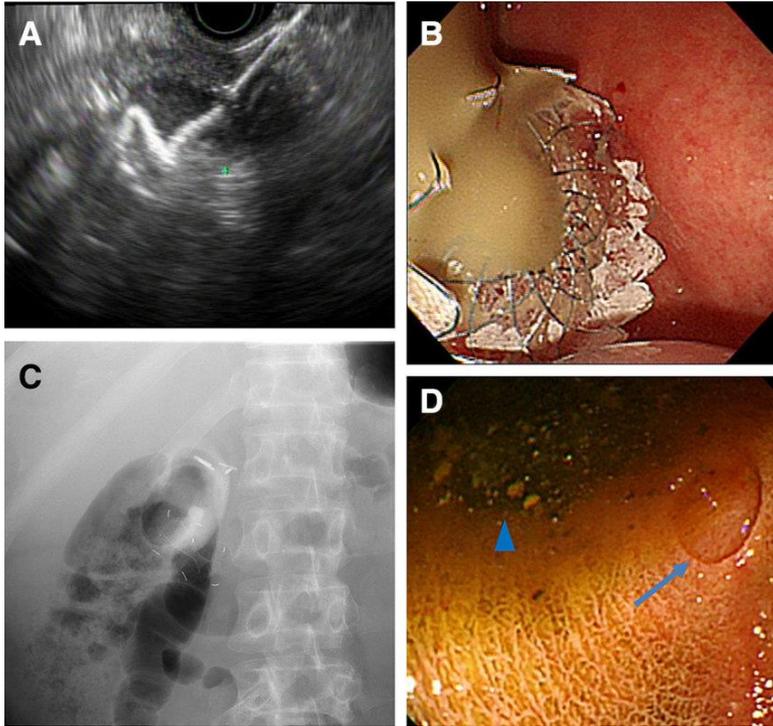
05/02 (25gg)



9/02 (28gg) Alla luce del quadro clinico, della TC. Si decide per drenaggio ecoendoscopico.

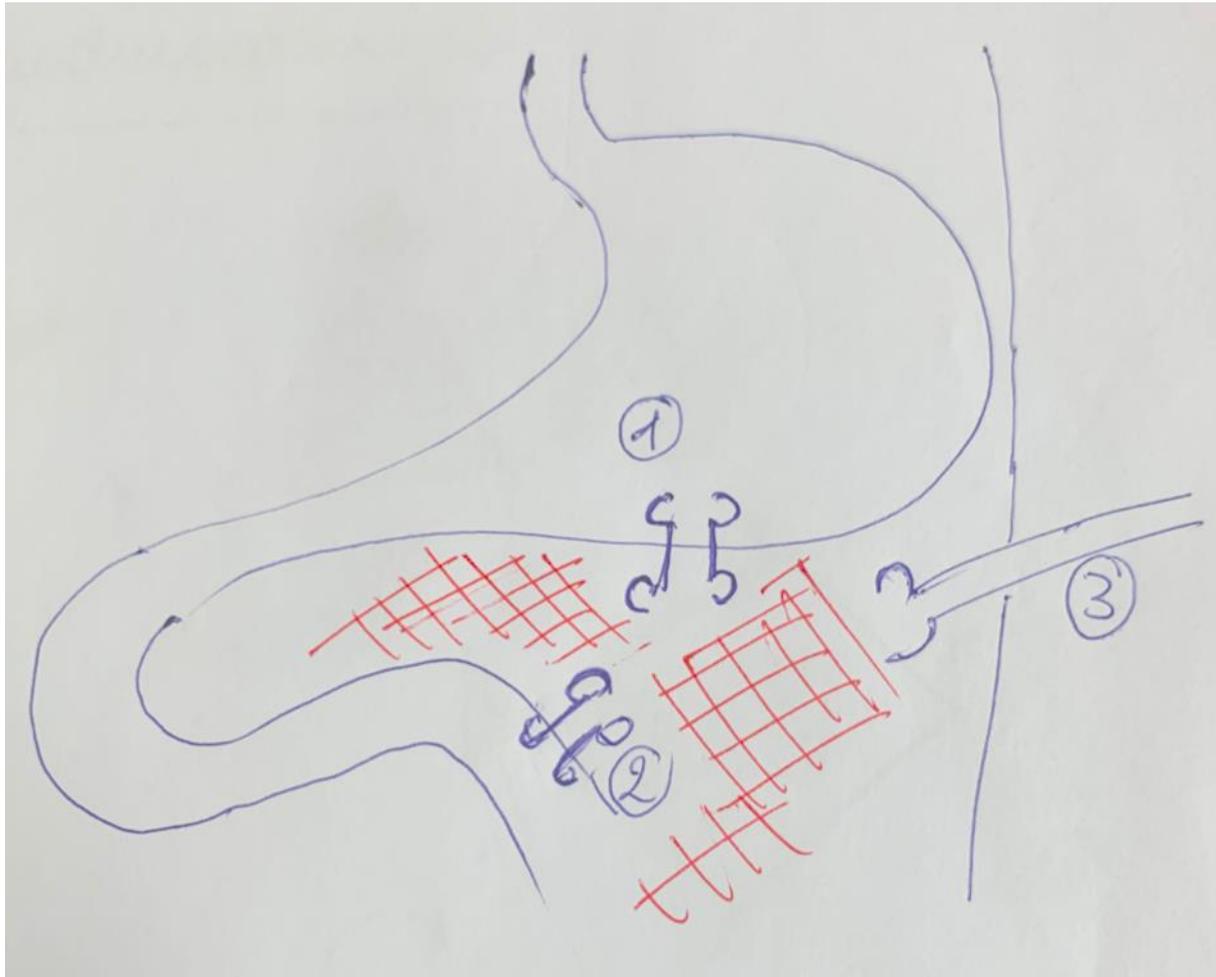


- drenaggio ecoendoscopico transgastrico e transduodenale (**multi-gate**) di raccolta necrotica infetta peripancreatica mediante protesi LAMS con successiva necrosectomia. Drenaggio percutaneo della raccolta con tubo da 20 Fr per eseguire multipli lavaggi. Posizionamento di sondino naso digiunale per nutrizione enterale.

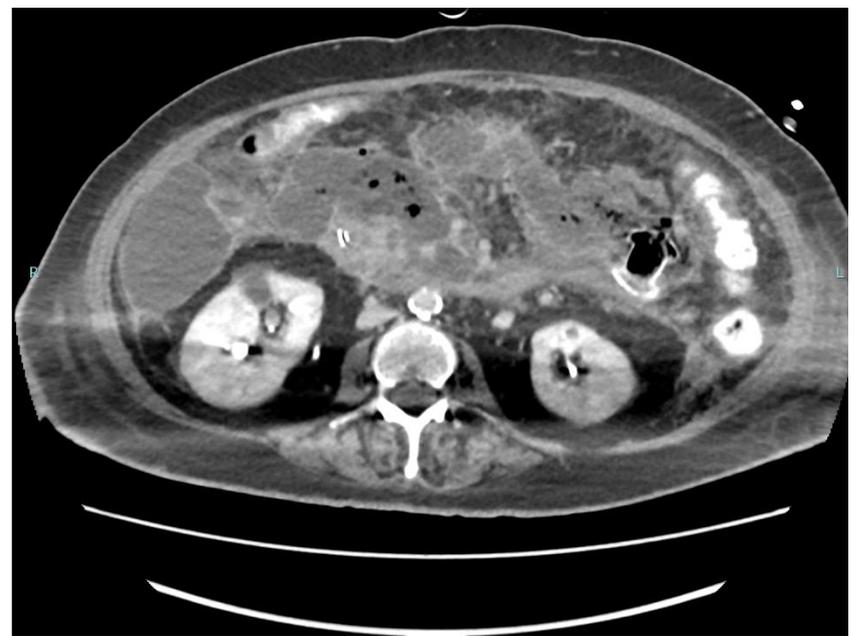
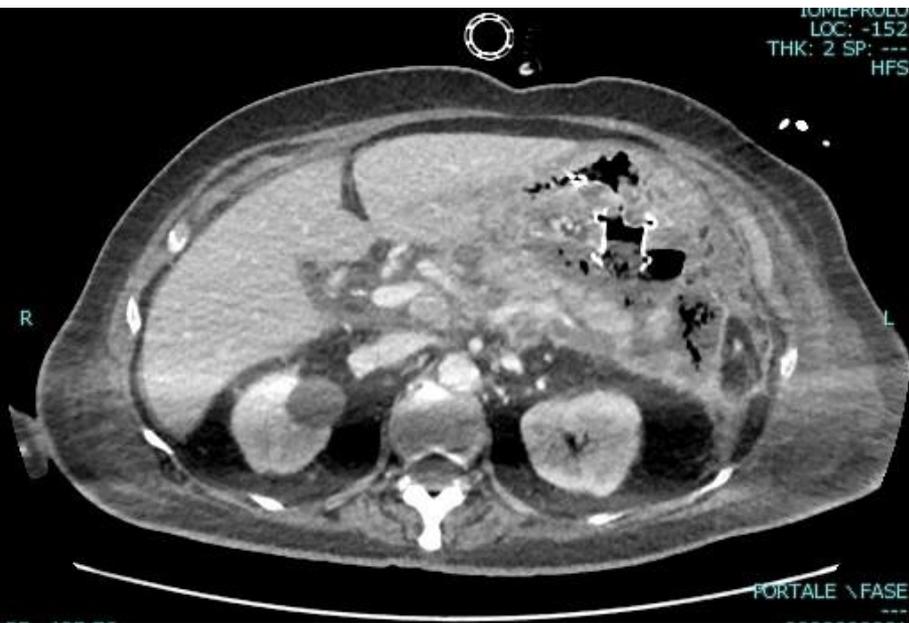


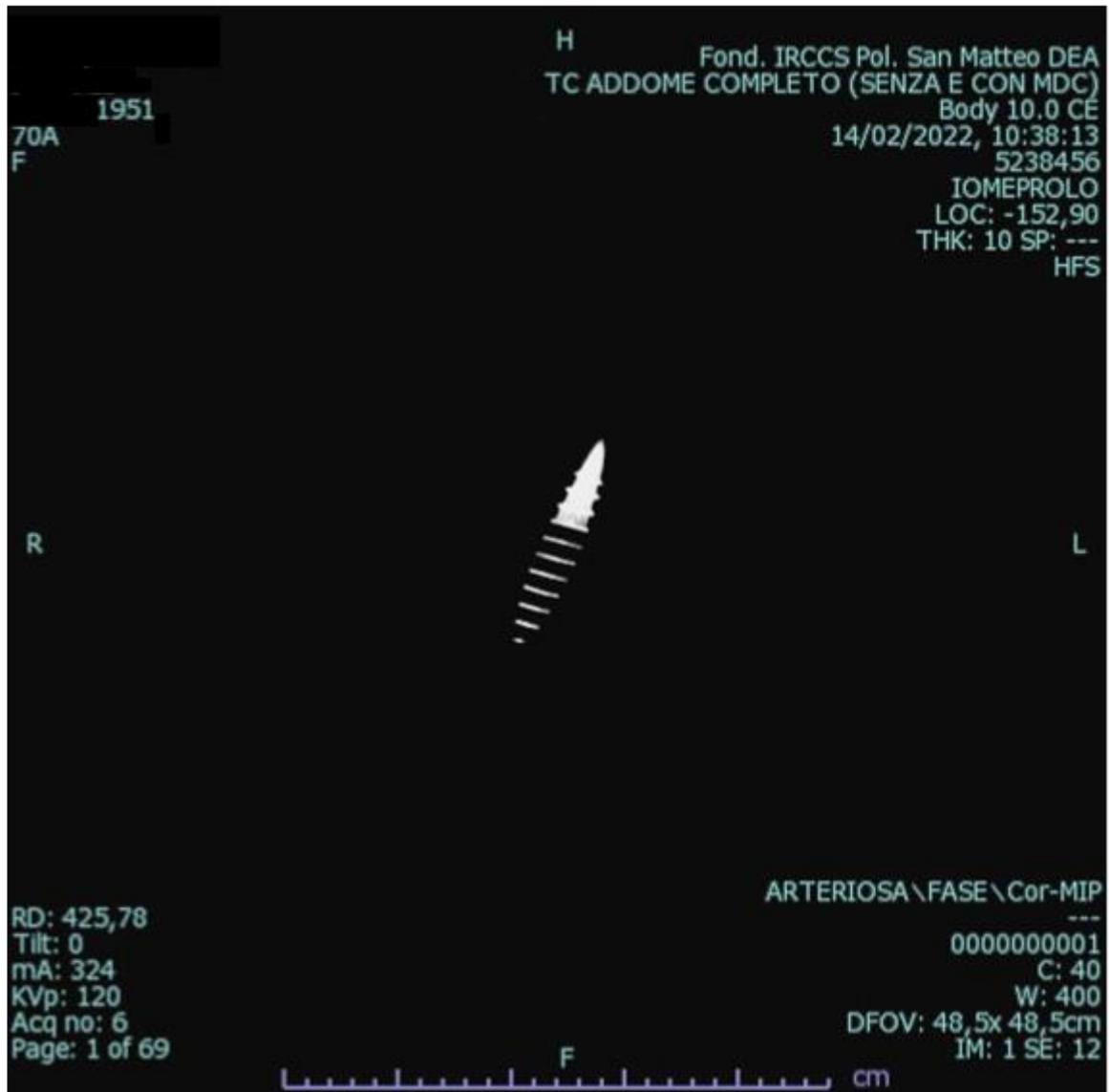


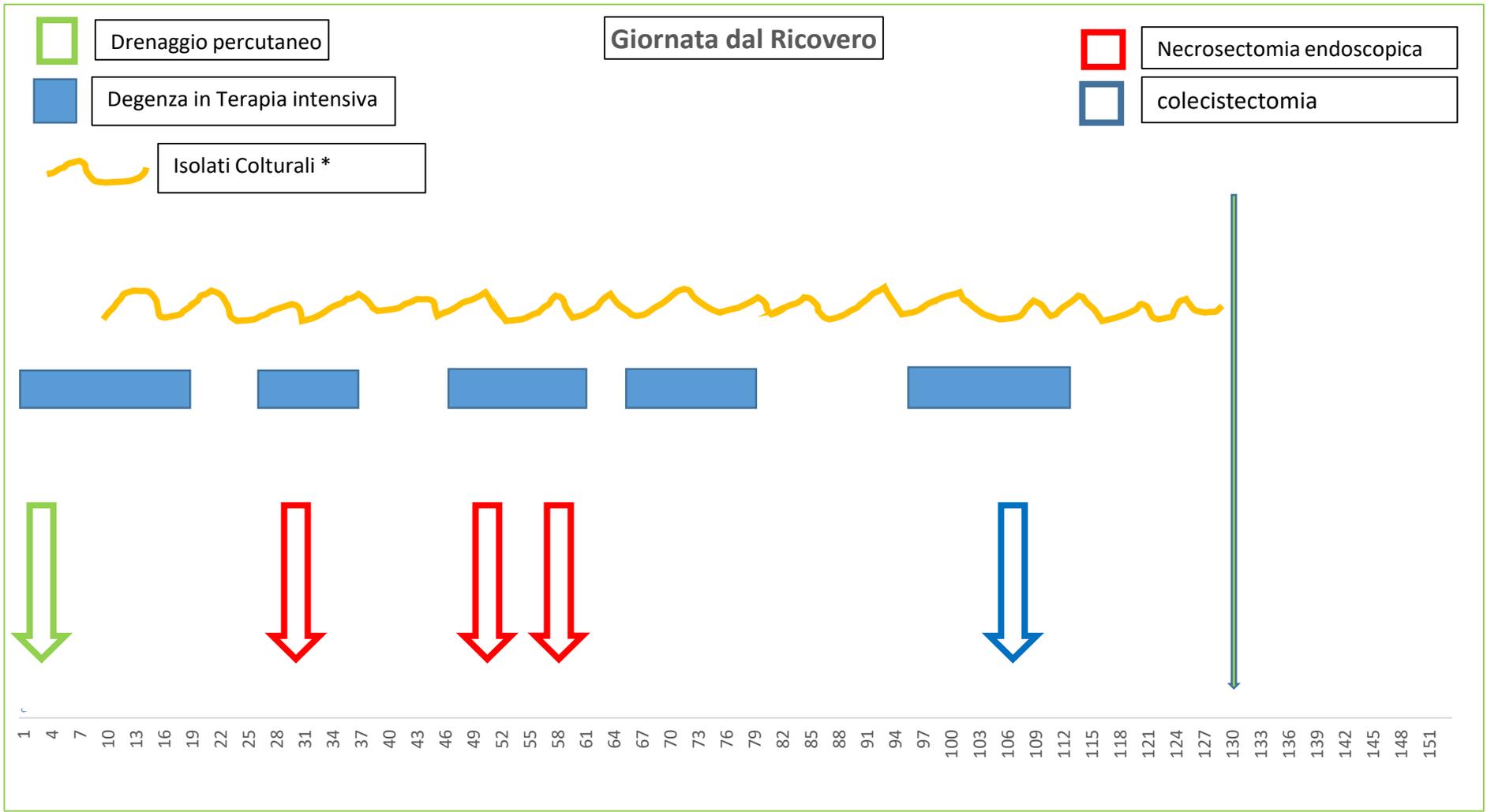
GRAND ROUNDS CLINICI DEL MERCOLEDÌ



GRAND ROUNDS CLINICI DEL MERCOLEDÌ



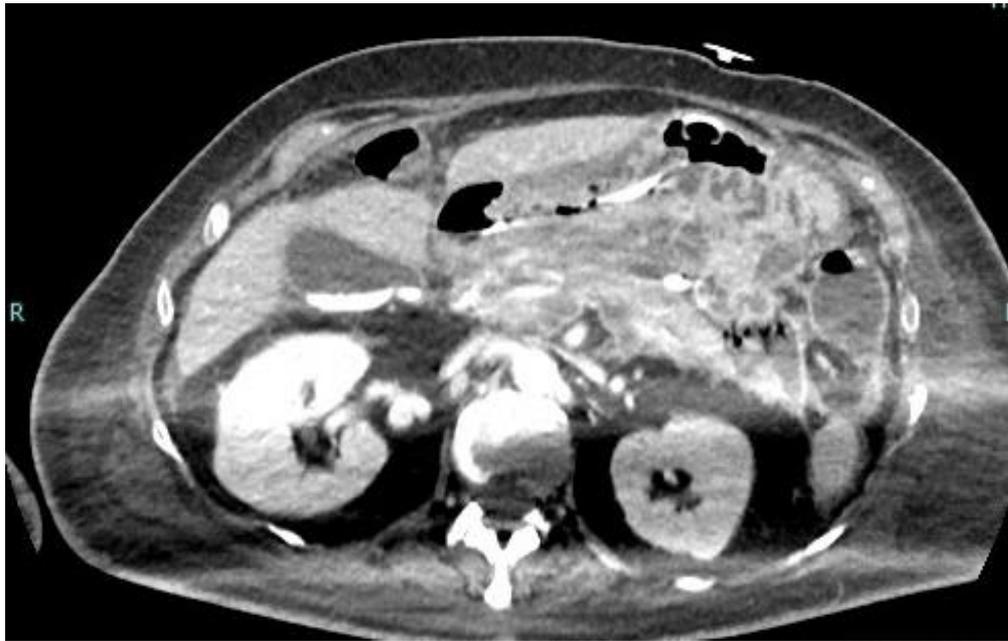




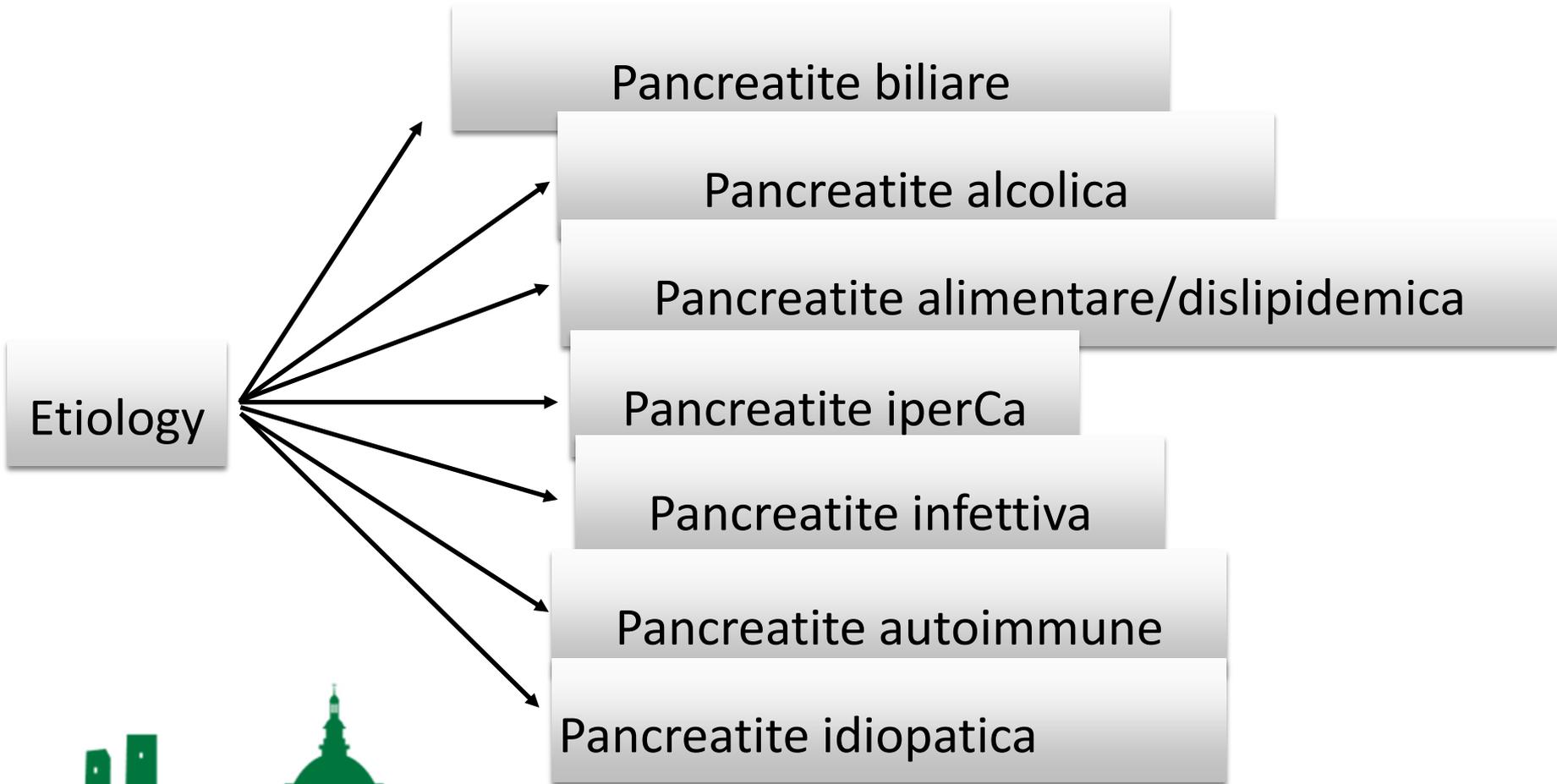
* Enterococcus Faecium; Klebsiella pneumonie; pseudomonas; Candida parapsilosis...



Ultima TC 4/4 (83 gg)



Diagnosis of acute pancreatitis and etiology



Organ failure

organi bersaglio:

1 Cuore

2 Polmone

3 Rene



Organ failure

Three organ systems should be assessed to define organ failure: respiratory, cardiovascular and renal. Organ failure is defined as a score of 2 or more for one of these three organ systems using the modified Marshall scoring system²

| Organ system | Score | | | | |
|---|-------|-----------------------|---------------------------|-------------|-------------|
| | 0 | 1 | 2 | 3 | 4 |
| Respiratory (PaO ₂ /FiO ₂) | >400 | 301–400 | 201–300 | 101–200 | ≤101 |
| Renal* | | | | | |
| (serum creatinine, μmol/l) | ≤134 | 134–169 | 170–310 | 311–439 | >439 |
| (serum creatinine, mg/dl) | <1.4 | 1.4–1.8 | 1.9–3.6 | 3.6–4.9 | >4.9 |
| Cardiovascular (systolic blood pressure, mm Hg)† | >90 | <90, fluid responsive | <90, not fluid responsive | <90, pH<7.3 | <90, pH<7.2 |

Principi di terapia

Idratare

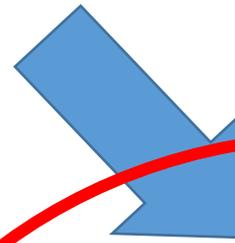
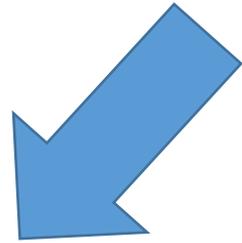
Nutrire

Non fare cose inutili

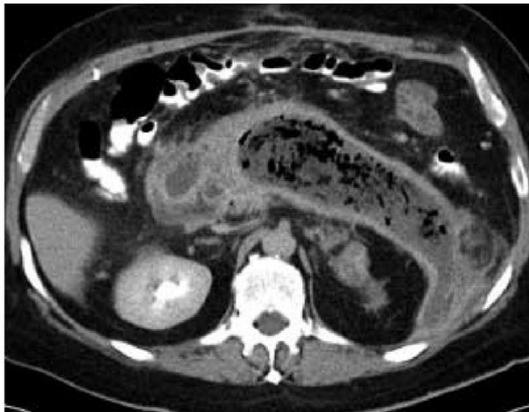
Trattare la causa eziologica



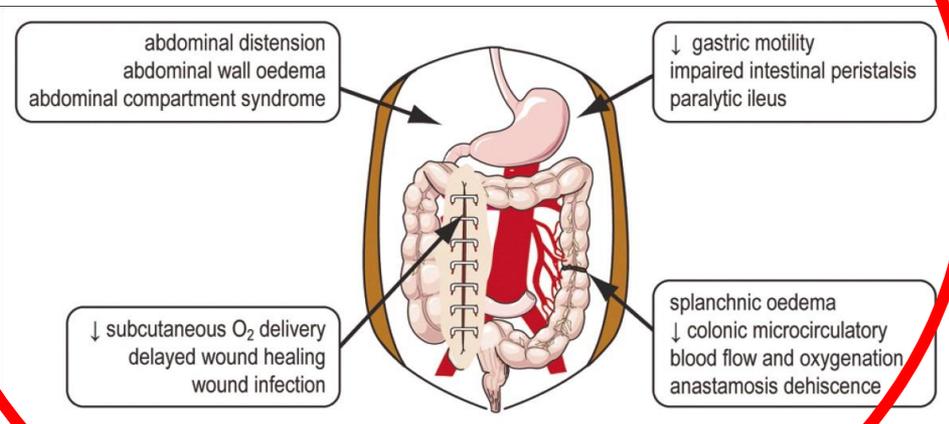
Come evolve dal punto di vista addomnale una pancreatite acuta necrotica



Infezione delle raccolte



Sindrome compartimentale addominale



Gestione sindrome compartimentale: definizioni

$$\text{APP} = \text{MAP} - \text{IAP}$$

APP, Pressione di perfusione addominale

MAP, Pressione arteriosa media

IAP, Pressione intra-addominale

$$\text{FG} = \text{GFP} - \text{PTP} = \text{MAP} - 2 \times \text{IAP}$$

FG, Gradiente di filtrazione

GFP, Pressione di filtrazione glomerulare

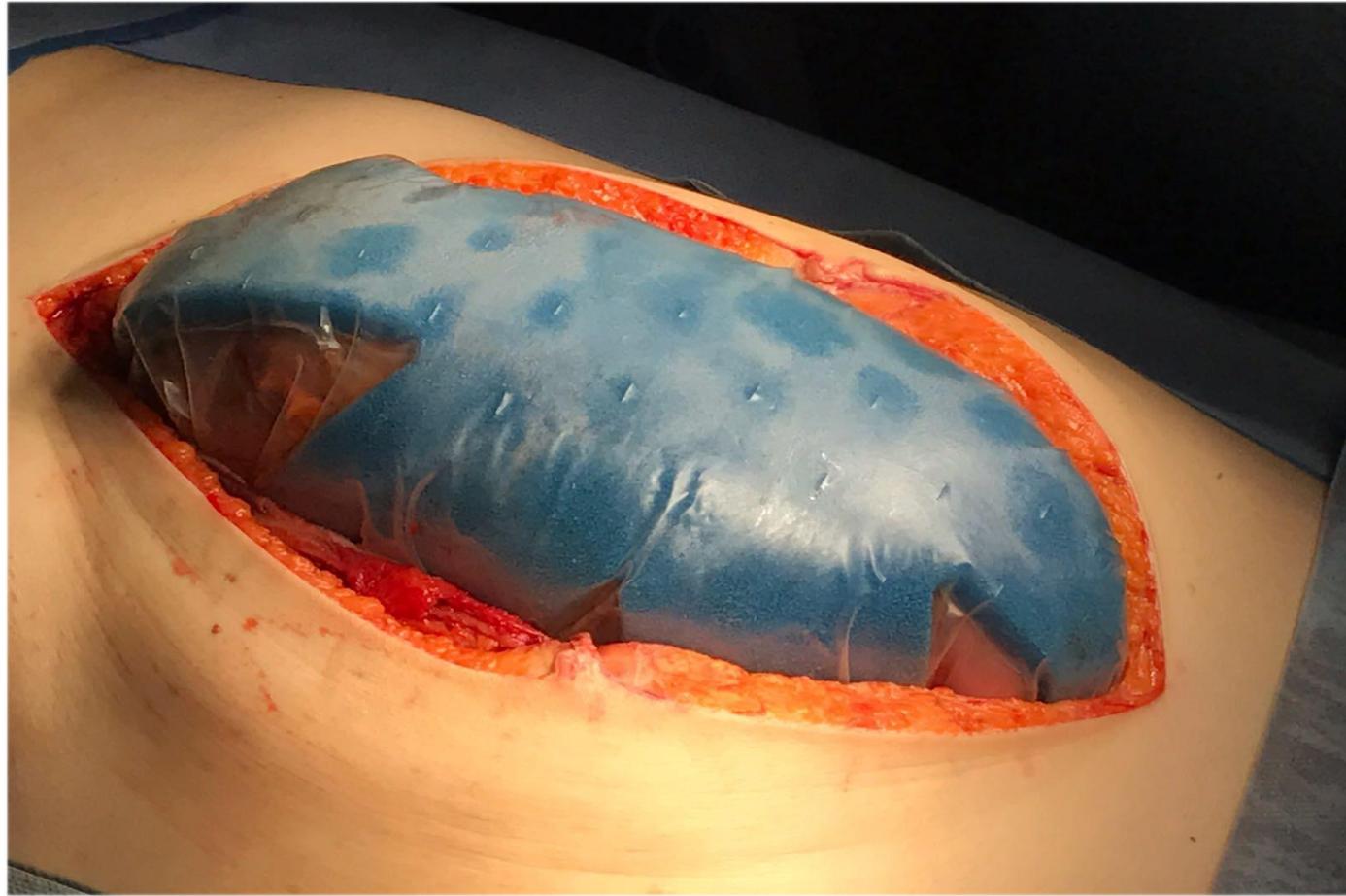
PTP, Pressione tubulo prossimale

La Pressione intraddominale (IAP) è correlata in maniera inversamente proporzionale a:

- Perfusione splancnica
- Funzionalità renale
- Meccanica respiratoria
- Pressione intracranica

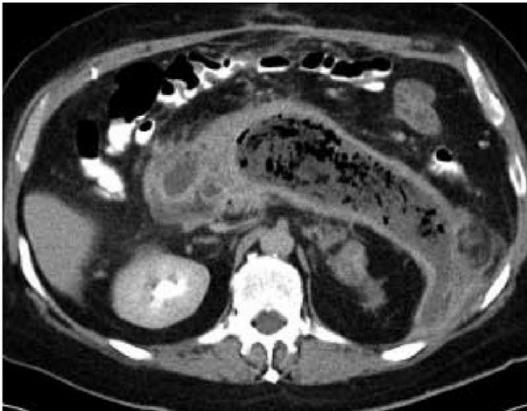


Gestione sindrome compartimentale nella pancreatica severa



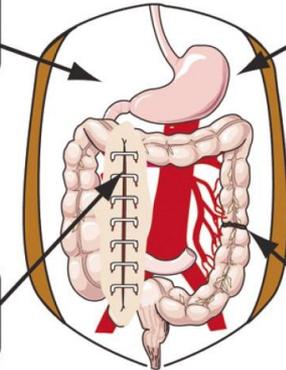
Come evolve dal punto di vista addomnale una pancreatite acuta necrotica

Infezione delle raccolte



Sindrome compartimentale addominale

abdominal distension
abdominal wall oedema
abdominal compartment syndrome



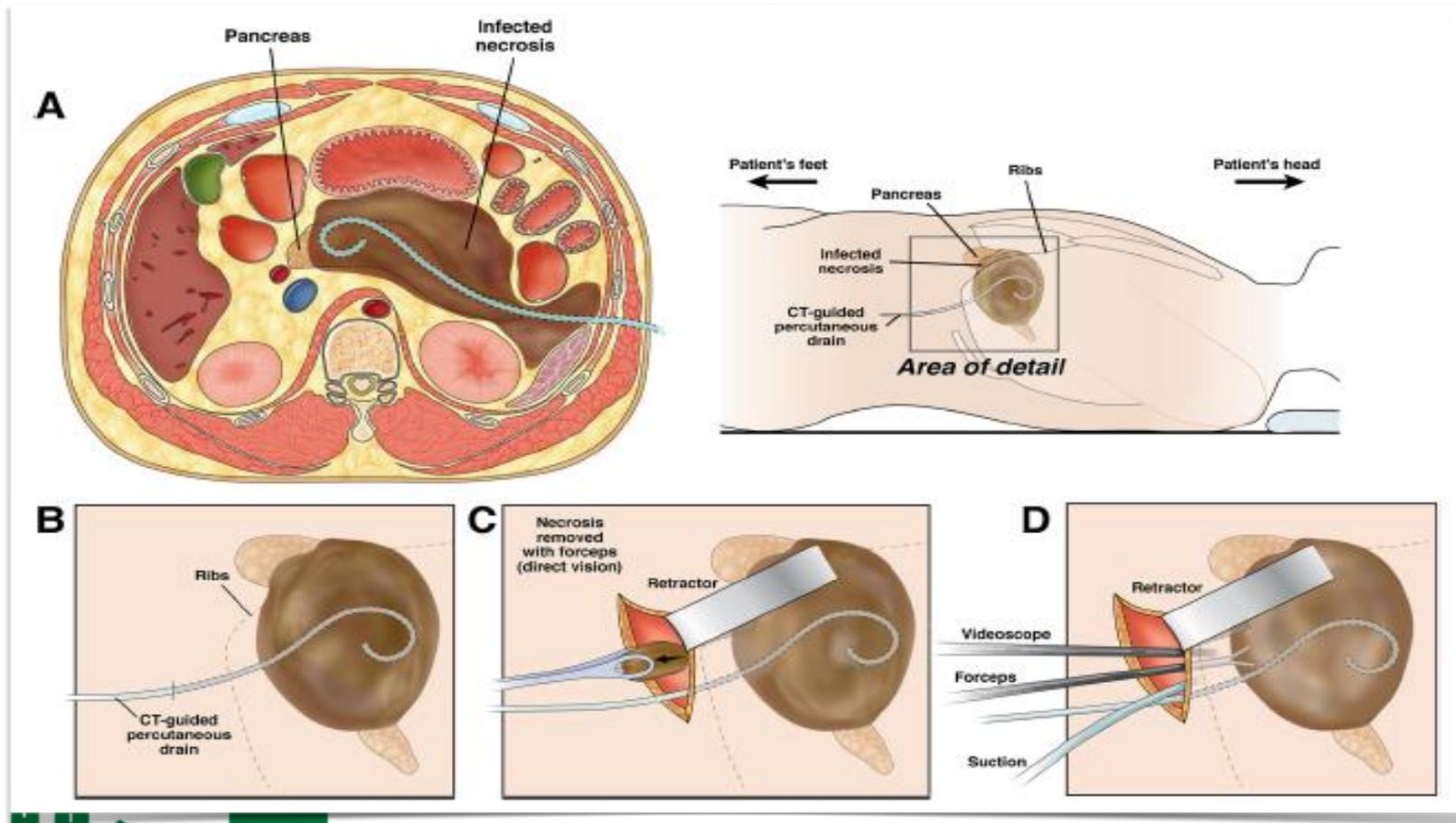
↓ gastric motility
impaired intestinal peristalsis
paralytic ileus

↓ subcutaneous O₂ delivery
delayed wound healing
wound infection

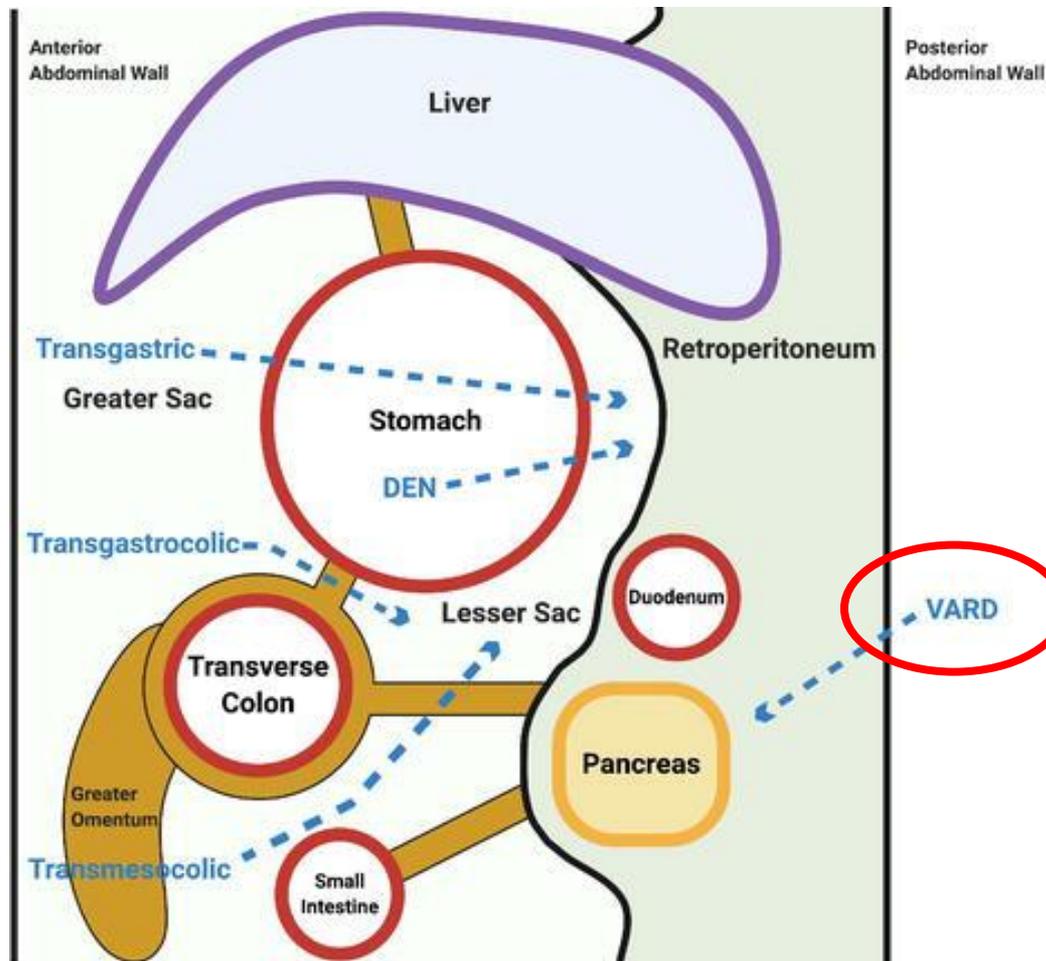
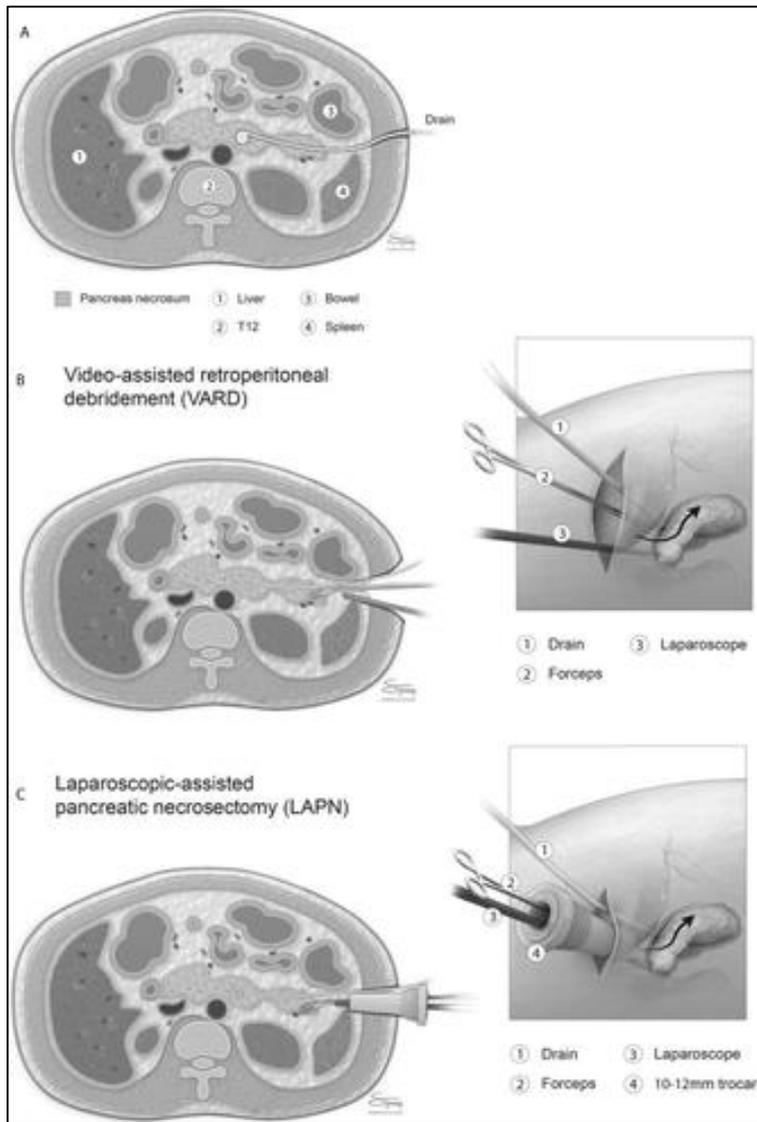
splanchnic oedema
↓ colonic microcirculatory
blood flow and oxygenation
anastomosis dehiscence

Gestione raccolte infette

1. VIDEOSCOPIC ASSISTED RETROPERITONEAL DEBRIDEMENT (VARD)



1. VIDEOSCOPIC ASSISTED RETROPERITONEAL DEBRIDEMENT (VARD)

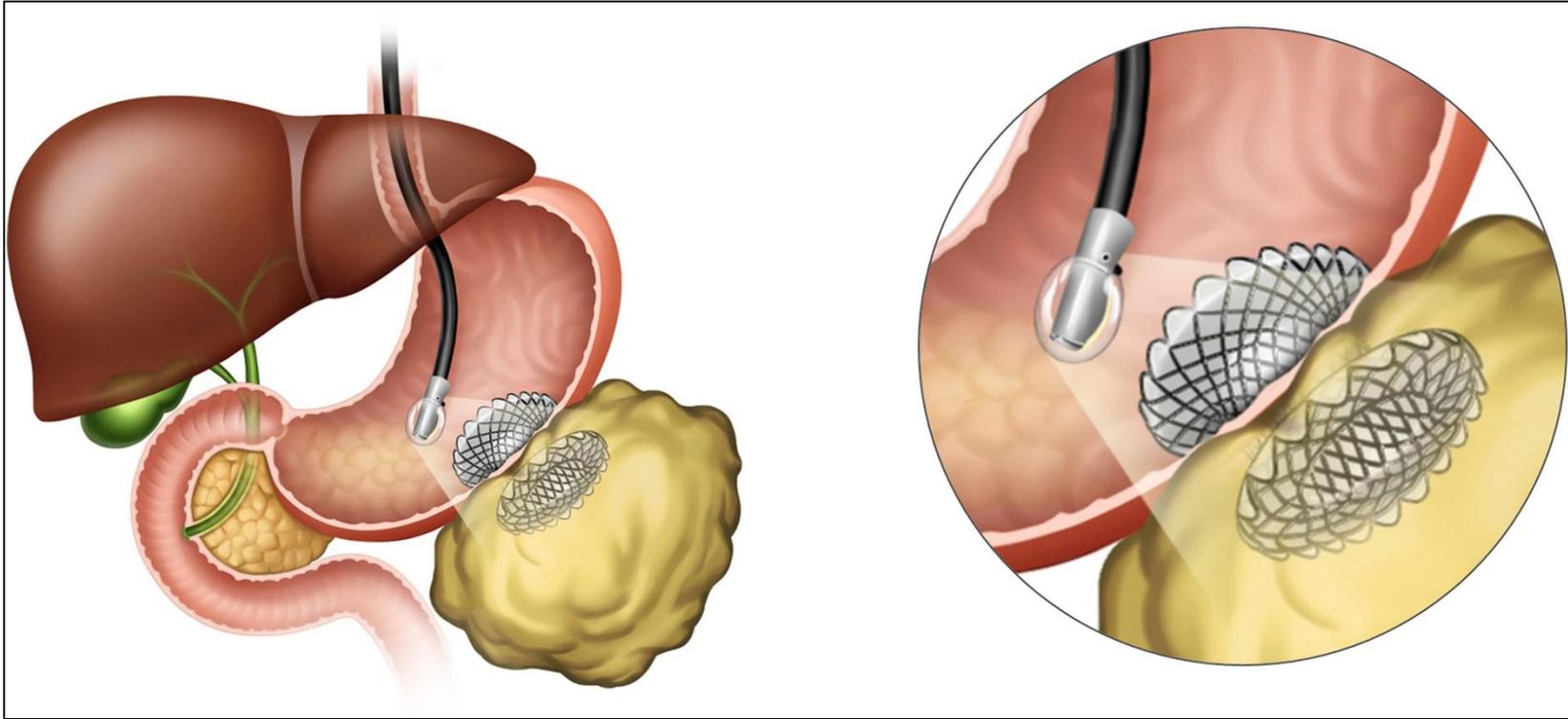


1. VIDEOSCOPIC ASSISTED RETROPERITONEAL DEBRIDEMENT (VARD)



Gestione raccolte infette

2. Necrosectomia endoscopica



2. Necrosectomia endoscopica

Surgical Endoscopy (2021) 35:1741–1748
<https://doi.org/10.1007/s00464-020-07567-8>

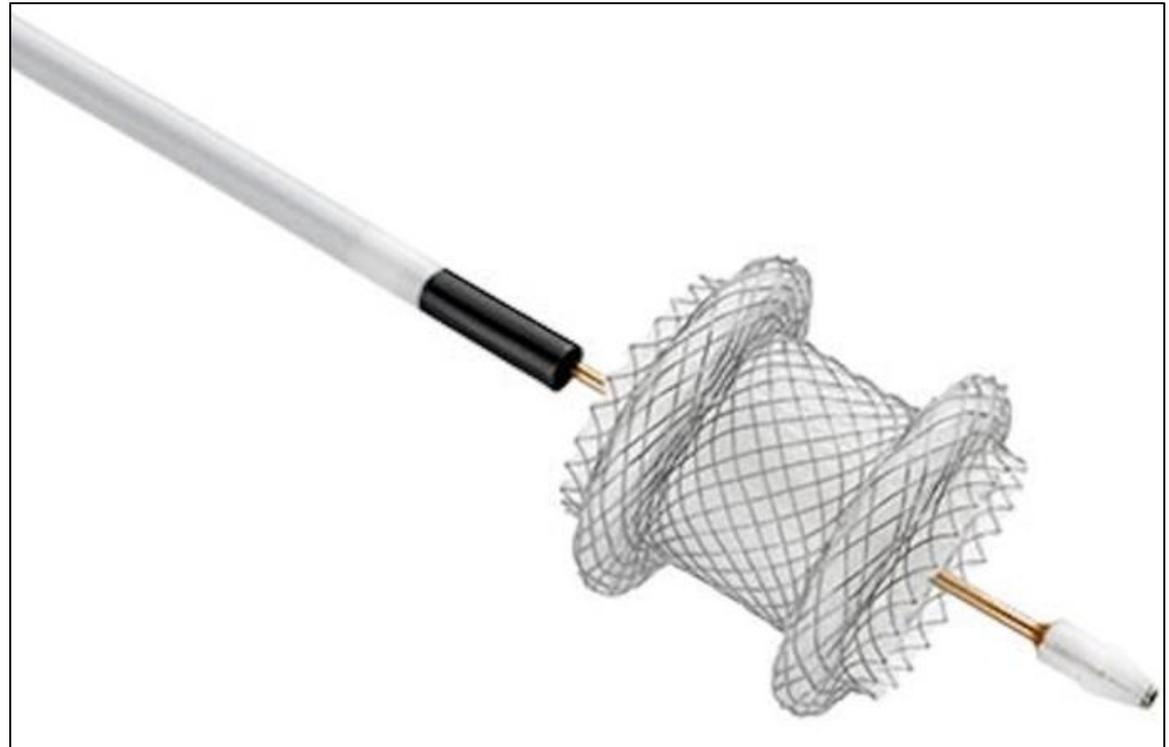


The safety and efficacy of a new 20-mm lumen apposing metal stent (lams) for the endoscopic treatment of pancreatic and peripancreatic fluid collections: a large international, multicenter study

Andrea Anderloni¹ · Carlo Fabbri² · Jose Nieto³ · Will Uwe⁴ · Markus Dollhopf⁵ · José Ramón Aparicio⁶ · Manuel Perez-Miranda⁷ · Ilaria Tarantino⁸ · Alexander Arlt⁹ · Frank Vleggaar¹⁰ · Geoffrey Vanbiervliet¹¹ · Jochen Hampe¹² · Michel Kahaleh¹³ · Juan J. Vila¹⁴ · Barham K. Abu Dayyeh¹⁵ · Andrew C. Storm¹⁵ · Alessandro Fugazza¹ · Cecilia Binda² · Antoine Charachon¹⁶ · Sergio Sevilla-Ribota⁷ · Amy Tyberg¹³ · Moran Robert¹⁷ · Sachin Wani¹⁸ · Alessandro Repici^{1,19} · Amrita Sethi²⁰ · Mouen A. Khashab¹⁷ · Rastislav Kunda^{21,22}

Received: 16 November 2019 / Accepted: 10 April 2020 / Published online: 22 April 2020
© Springer Science+Business Media, LLC, part of Springer Nature 2020

The Hot-AXIOS™ stent, preloaded in an electrocautery-enhanced delivery device and catheter, made up of braided nitinol and fully covered with silicone, with wide flanges on both ends



REVIEW

Open Access

2019 WSES guidelines for the management of severe acute pancreatitis



Ari Leppäniemi^{1*}, Matti Tolonen¹, Antonio Tarasconi², Helmut Segovia-Lohse³, Emiliano Gamberini⁴, Andrew W. Kirkpatrick⁵, Chad G. Ball⁵, Neil Parry⁶, Massimo Sartelli⁷, Daan Wolbrink⁸, Harry van Goor⁸, Gianluca Baiocchi⁹, Luca Ansaloni¹⁰, Walter Biffi¹¹, Federico Coccolini¹⁰, Salomone Di Saverio¹², Yoram Kluger¹³, Ernest Moore¹⁴ and Fausto Catena²



REVIEW

Open Access

2019 WSES guidelines for the management of severe acute pancreatitis



Ari Leppäniemi^{1*}, Matti Tolonen¹, Antonio Tarasconi², Helmut Segovia-Lohse³, Emiliano Gamberini⁴, Andrew W. Kirkpatrick⁵, Chad G. Ball⁵, Neil Parry⁶, Massimo Sartelli⁷, Daan Wolbrink⁸, Harry van Goor⁸, Gianluca Baiocchi⁹, Luca Ansaloni¹⁰, Walter Biffi¹¹, Federico Coccolini¹⁰, Salomone Di Saverio¹², Yoram Kluger¹³, Ernest Moore¹⁴ and Fausto Catena²



Il percorso terapeutico DEVE essere

INTEGRATO

Chirurgo

Radiologo

Rianimatore

Fisiatra

Endoscopista

Nutrizionista

Infettivologo



Questioni da affrontare

- **Aspetti organizzativi Gestionali**
- **Destini Riabilitativi**



Grazie

lorenzo.cobianchi@unipv.it





GRAND ROUNDS CLINICI DEL MERCOLEDÌ