

Meeting abstract

## Acute pancreatitis in the elderly: our experience

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from XXI Annual Meeting of The Italian Society of Geriatric Surgery  
Terni, Italy, 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A47 doi:10.1186/1471-2318-9-S1-A47

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A47>

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### Introduction

The aim of the trial is to evaluate etiology, clinical characteristics and treatment of acute pancreatitis in elderly patients.

### Materials and methods

Since November 2003 to November 2008, 82 patients have been treated in the Department of General Surgery at S. Maria Hospital in Terni, Italy. We divided the patients into two groups, younger and older than 65 years old and we compared various parameters such as etiology, clinical characteristics, associated medical conditions and surgical or medical management in order to underline characteristic features in the elderly.

### Results and discussion

Out of the 82 patients, 56% were men and 44% were females; 53.7% were >65 years old and 46.3% were younger. Biliary pancreatitis was the first common etiology in both groups, in fact the presence of gallstones represents the most frequent cause of acute pancreatitis. In the elderly patients, idiopathic pancreatitis was the second most common etiology whereas alcohol and hyperlipemia are less common causes than in the younger population.

Clinical presentation of elderly patients can be atypical, often associated with an acute confusional state and it is frequently vague with no specific abdominal pain. Subsequently acute pancreatitis may have a rapid onset, charac-

terized by upper abdominal pain irradiating to the back, vomiting, fever, tachycardia, leukocytosis and elevated serum level of pancreatic and hepatic enzymes. Elderly patients usually have higher Ranson scores and a greater degree of multi-system organ failure due to the presence of concomitant diseases.

The most frequent complications of AP seem to be lung injury and ARDS, followed by MODS.

The principal treatment aspects of acute pancreatitis depend on its severity, changing between edematous and necrotic pancreatitis, and on the extent of pancreatic necrosis (ultrasonography and CT). It is moreover necessary an appropriate supportive treatment of MODS at an early stage of the disease by an aggressive fluid infusion, somatostatin, antibiotic prophylaxis.

Only 14.6% of the elderly patients, (representing the percentage of complicated pancreatitis) underwent surgical treatment. We use to execute necrosectomy and cholecystectomy in order to resolve the local pancreatic complications such as pancreatic abscess and pseudocysts.

### Conclusion

Biliary and unknown factors are main causes of AP in the aged patients. The management of the elderly with acute pancreatitis may be difficult due to concomitant medical problems. While local complications of AP occur largely in young patients, the incidence of multi system organ

failure increases with age. It is crucial to monitor and improve the functions of major organs so in order to prevent MODS.

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