



# Chronic Pancreatitis

## ACG Clinical Guideline

### Summary

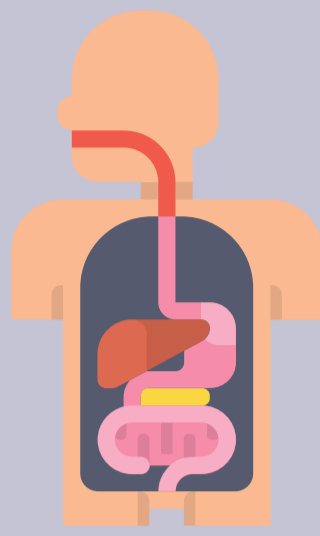
#### Definition and Manifestations

A pathologic fibroinflammatory syndrome in predisposed individuals who develop persistent pathologic responses to parenchymal injury or stress

Abdominal pain

Endocrine insufficiency manifesting as diabetes mellitus

Risk of pancreatic malignancy



Fat-soluble vitamin deficiency as malnutrition, osteoporosis

Exocrine insufficiency manifesting as steatorrhea, weight loss

#### Etiology

Review all risk factors in patients with clinical evidence of chronic pancreatitis and complete a thorough H&P

Toxic-metabolic [+smoking, EtOH]

Idiopathic

Genetic

Autoimmune

Recurrent acute or severe pancreatitis

Obstructive



#### Diagnosis

**1st line:** CT or MRI

**2nd line:** EUS only if diagnosis is in question since it is invasive and lacks specificity

**3rd line:** Secretin-enhanced MRCP if diagnosis in question after cross-sectional imaging or EUS and suspicion remains high

**4th line:** Although histologic examination is gold standard, should only be pursued in high-risk patients when clinical and functional evidence is strong, but imaging was inconclusive

##### Genetic Testing

- Obtain in patients with evidence of pancreatitis-associated disorder or chronic pancreatitis with unclear etiology, especially young patients (<35)

- Can prevent exhaustive, invasive testing

- Can assist in decision making and prevent development of irreversible chronic pancreatitis. May effect treatment strategies and inform on more radical therapies

- At minimum check: PRSS1, SPINK1, CFTR, and CTSC

##### Pancreatic Function Testing

Help diagnose exocrine pancreatic insufficiency, but adjunctive role in diagnosing chronic pancreatitis

##### Non-hormonal

- Fecal elastase: Universally available; limited use in mild disease, limited specificity with diarrhea

- Serum trypsinogen/trypsin: Easily obtained, can quantify and track function over time; elevated with pancreatic pain and does not measure digestive tract enzymes

##### Hormonal

- CCK stimulation test: direct acinar cell function/subtle EPI; cumbersome and not widely available

- Secretin stimulation test: direct ductal cell function and secretory ability; not widely available and prone to measurement error

#### Management

- Alcohol and tobacco cessation

- Surgical intervention over endoscopic therapy in patients with obstructive chronic pancreatitis for long-term pain relief if first-line endoscopic approaches to pancreatic drainage have been exhausted or unsuccessful

- Consider celiac plexus block for pain

- Consider antioxidant therapy for pain, though pain reduction is likely limited

- Surgical referral for refractory pain

- Use pancreatic enzyme replacement therapy for exocrine insufficiency to improve complications of malnutrition

- Do not use pancreatic enzymes supplementation for pain



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