conferenceseries.com

2nd Intenational Conference on

PANCREATIC DISORDERS & TREATMENT

September 13-14, 2017 Dallas, USA



Filipa Ribeiro Crespo Lucas

Hospital de Cascais, Portugal

Critical acute pancreatitis

The critical acute pancreatitis (CAP) has recently emerged as the most severe acute pancreatitis. The shock is a complex pathophysiological process that often results in multiple organ dysfunction syndrome (MODS) and death. The MODS, though newly described, was observed in intensive care unit (ICU) patients for several decades. However, the cardiogenic shock-related acute pancreatitis is a rare event. A 53-year-old Caucasian man with a critical shock-related acute pancreatitis (distributive and hypovolemic/cardiogenic) was admitted in our ICU. He had a chronic pancreatitis medical history. He had alcohol drinking and cigarette smoking habits and a chronic HCV (serum anti-HVC antibodies were positive and serum RNA HCV was negative) history and past HBV infection (serum anti-Hbs and Hbc antibodies were positive and Ag Hbs were negative). The patient developed a cardiovascular, a renal (AKIN 3), respiratory MODS and a compartmental syndrome too. The patient recovered over a few days with invasive support by transpulmonary thermodilution, with a cardiogenic shock evolved to distributive shock, norepinephrine support, invasive-ventilation-support and dialysis (CRRT). Emergency operations were undertaken: A total colectomy (sigmoid ischemia) is an ileostomy and a cholecystectomy. Afterwards, after 5-months internment in the hospital, with some nosocomial infections, the clinic evolution was good enough for the patient to leave the hospital with hemodynamic stability. Patients with severe acute pancreatitis require intensive care. Within hours to days, a number of complications (e.g., shock, pulmonary failure, renal failure, gastrointestinal bleeding, or multiorgan system failure) may develop. The goals of medical management are to provide intensive supportive care, to limit infection and to identify and treat complications whenever appropriate.

Biography

Filipa Ribeiro Crespo Lucas has completed her Medicine Master degree from the University of Lisbon, Portugal. She is now working as a Physician at the Cascais Hospital, Portugal, where she has started her Internal Medicine Internship last January. Her master thesis was about the impact of tobacco and its components on the cervix cancer.

filipa-lucas@campus.ul.pt

Notes: