

# Pancreatic Necrosis : Surgical Management and Long-Term Outcome

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## Introduction

Necrotizing pancreatitis (NP) is the most severe form of acute pancreatitis accounting for about 3-5% of all patients with acute pancreatitis in tertiary referral centers<sup>(1)</sup>. A better understanding of the pathophysiology of NP and its subsequent "superinfection" has led to improved treatment modalities and outcomes. Critical evaluation of the relevant literature however, has been historically hampered by the lack of universally accepted definitions of their clinical and radiographic characteristics. Today, most pancreatologists follow the Atlanta classification<sup>(2)</sup>, a wide consensus on terminology. This consensus is of paramount importance for a uniform approach to the diagnosis, management, reporting, and understanding of these conditions. According to this classification and in relevance to severe acute pancreatitis, two entities with very clear and precise definitions are described : acute fluid collections and pancreatic necrosis. In this chapter, the definition and management of each entity will be presented separately, (with special effort to highlight previous misinterpretations in the literature), our preferred operative technique will be described in detail, and finally the long-term outcome of operatively treated patients who are discharged from the hospital will be discussed. The latter has become especially important lately, not only because very little is known about the long-term natural history after NP, but also due to the generally improved postoperative outcome and decreased pancreatitis-related mortality nowadays that allows for an increased number of patients to return to their usual lifestyle.