

Acute Pancreatitis (AB-33.1)

Abdominal imaging is useful to confirm the diagnosis of acute pancreatitis (AP). As per 2024 ACG Guidelines, abdominal ultrasound should be performed as the initial imaging study in patients with AP to evaluate for biliary pancreatitis. Advanced imaging should be reserved for patients in whom the diagnosis is unclear. When ultrasound results are inconclusive due to overlying bowel gas or other patient factors, or when amylase and/or lipase levels remain elevated, CT or MRI should be considered as the next step. Although contrast-enhanced CT offers over 90% sensitivity and specificity in diagnosing acute pancreatitis, its routine use is not recommended since the diagnosis is clear in many patients who typically experience a mild, uncomplicated course.

In patients who fail to improve after 48–72 hours, exhibiting persistent symptoms such as pain, fever, nausea/vomiting, and inability to tolerate oral feeding, imaging studies like CT or MRI/MRCP are recommended. These are used to assess local complications, including necrotizing pancreatitis or pancreatic or peri-pancreatic fluid collections. Although MRI takes more time and can be challenging for claustrophobic patients, it offers advantages for those with contrast allergies or renal insufficiency. Additionally, MRI can more accurately detect stones in the common bile duct (CBD) and diagnose pancreatic duct disease or follow up on symptomatic fluid collections.

References

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