

以節段性發炎為表現之急性胰臟炎

Segmental form of acute pancreatitis

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摘要

急性胰臟炎一般被認為是整個胰臟的彌漫性發炎，但有少數胰臟炎的病人只有胰臟的一部份有發炎的現象（以下簡稱為節段性胰臟炎），此種現象首先於 1985 年為美國 Balthazar 所發現，在他的論文中提到，若以電腦斷層掃描作為診斷的依據，有 18.1% 的病人有節段性胰臟炎。從 1997 年 1 月至 2002 年 3 月，本院有 24 位病人被診斷為節段性胰臟炎，另外我們以同時段另外 30 位彌漫性胰臟炎的病人作對照組來分析兩組之間的差異。所有病人按照 Balthazar 的分類，將其電腦斷層下之胰臟發炎程度分成 A 至 E 五類，只有 C、D、E 三類病人納入分析。我們發現：節段性胰臟炎的病人住院日較短，比較不須使用高營養靜脈液，Ranson 指標分數亦較低，此三項約具統計學意義。另外節段性胰臟炎亦呈現較少的局部或全身併發症及較低的外科介入及死亡率。總之，節段性胰臟炎比彌漫性胰臟炎有較佳的預後及較少的併發症。

Abstract

Acute pancreatitis is generally considered to be a diffuse disease of the pancreas. Acute pancreatitis with segmental involvement (briefly called segmental pancreatitis) was firstly described by Balthazar in 1985. He reported that 18.1% of patients with acute pancreatitis had segmental involvement according to the computerized tomography (CT). Segmental pancreatitis is defined as inflammation being confined exclusively in only a part of the pancreas (such as head, body or tail of pancreas) under the CT scan. From January 1997 to March 2002, 24 patients with segmental pancreatitis and 30 patients with diffuse pancreatitis were enrolled into our study. All patients were required to fulfill the Balthazar grade C, D or E in the CT scan. The severity assessment of the pancreatitis was compared between the two groups. Comparing with the diffuse pancreatitis, the segmental pancreatitis demonstrated a lower score by Ranson's criteria ($p < 0.005$), less requirement for total parenteral nutrition (TPN) ($p = 0.02$) and shorter duration of hospital stay ($p = 0.008$). There was also a trend toward fewer local and systemic complications, surgical intervention, and mortality in the segmental pancreatitis. In conclusion, segmental pancreatitis is a less severe disease than the diffuse form of pancreatitis.