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# A Modified CT Severity Index for Evaluating Acute Pancreatitis: Improved Correlation with Patient Outcome

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OBJECTIVE. This study was conducted to assess the correlation with patient outcome and interobserver variability of a modified CT severity index in the evaluation of patients with acute pancreatitis compared with the currently accepted CT severity index.

MATERIALS AND METHODS. Of 266 consecutive patients diagnosed with acute pancreatitis during a 1-year period, 66 underwent contrast-enhanced MDCT within 1 week of the onset of symptoms. Three radiologists who were blinded to patient outcome independently scored the severity of the pancreatitis using both the currently accepted and modified CT severity indexes. The modified index included a simplified assessment of pancreatic inflammation and necrosis as well as an assessment of extrapancreatic complications.

·Le " nouveau score " se veut plus simple et de meilleure valeur pronostique

ce nouveau score est la somme de 2 constituants :

-une évaluation simplifiée de la présence et du nombre de collections péri pancréatiques et de l'extension de la nécrose pancréatique

-et différents éléments de pondération

selon la présence d'anomalies extra- pancréatiques ( infarctus,hémorragies et collections sous capsulaires spléniques et/ou hépatiques )

de complications vasculaires (thrombose veineuse , hémorragies artérielles , pseudo anévrysmes)

d'atteintes du tractus gastro-intestinal ( inflammation, perforations, ou collections intra pariétales )

**TABLE 2 Modified CT Severity Index**

| Prognostic Indicator | Points |
|---|---|
| Pancreatic inflammation | |
| Normal pancreas | 0 |
| Intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat | 2 |
| Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis | 4 |
| Pancreatic necrosis | |
| None | 0 |
| ≤ 30% | 2 |
| > 30% | 4 |
| Extrapancreatic complications (one or more of pleural effusion, ascites, vascular complications, parenchymal complications, or gastrointestinal tract involvement) | 2 |

**pancréatitis** mild: 0 à 2 pts ; moderate : 4 à 6 pts ; severe : 8 à 10 pts

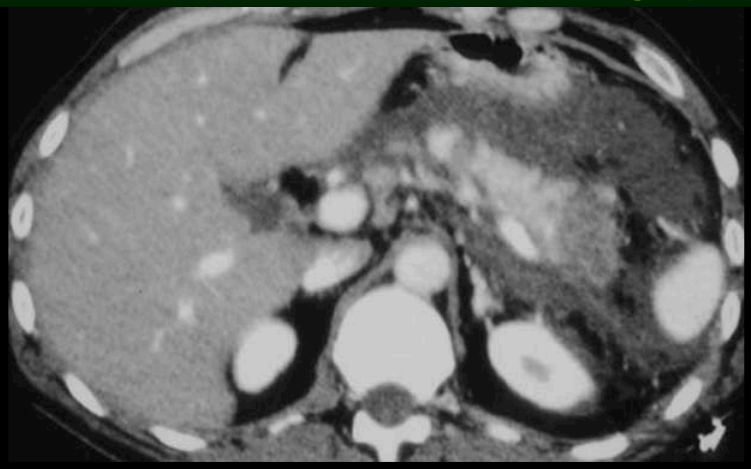
**TABLE 1** CT Severity Index [9]

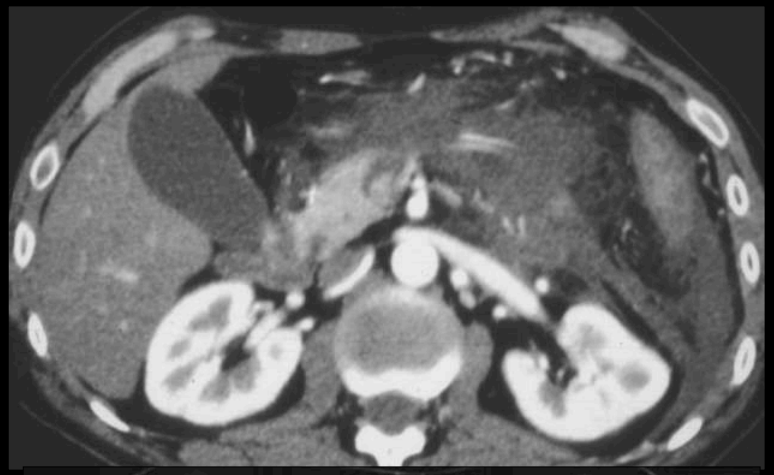
| Prognostic Indicator | Points |
|---|---|
| Pancreatic inflammation | |
| Normal pancreas | 0 |
| Focal or diffuse enlargement of the pancreas | 1 |
| Intrinsic pancreatic abnormalities with inflammatory changes in peripancreatic fat | 2 |
| Single, ill-defined fluid collection or phlegmon | 3 |
| Two or more poorly defined collections or presence of gas in or adjacent to the pancreas | 4 |
| Pancreatic necrosis | |
| None | 0 |
| ≤ 30% | 2 |
| > 30–50% | 4 |
| > 50% | 6 |

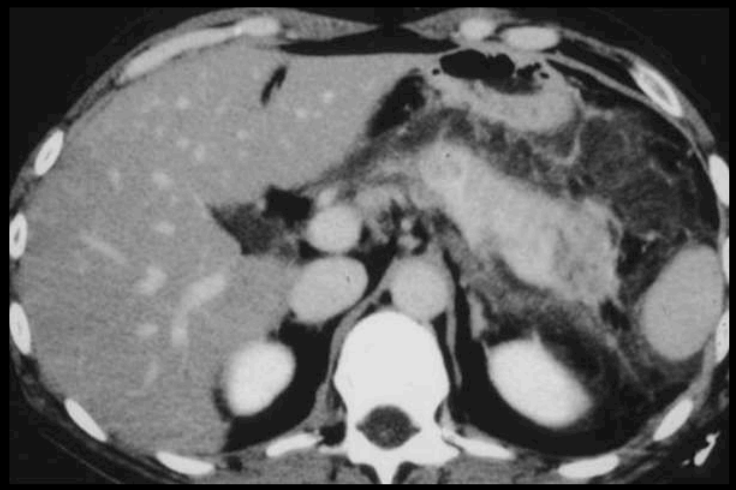
**TABLE 2** Modified CT Severity Index

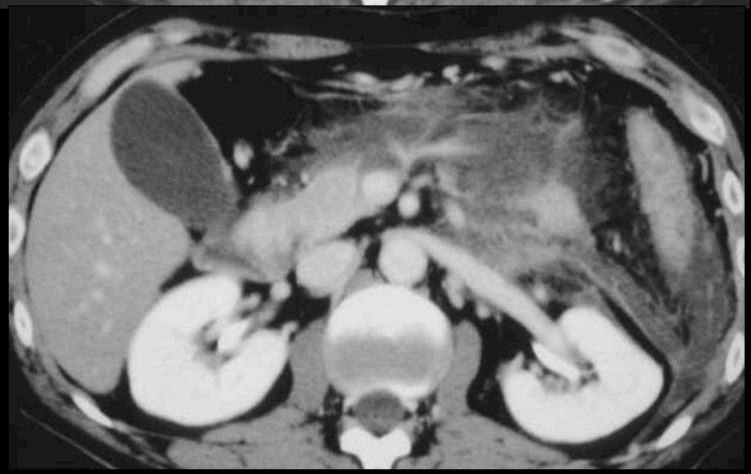
| Prognostic Indicator | Points |
|---|---|
| Pancreatic inflammation | |
| Normal pancreas | 0 |
| Intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat | 2 |
| Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis | 4 |
| Pancreatic necrosis | |
| None | 0 |
| ≤ 30% | 2 |
| > 30% | 4 |
| Extrapancreatic complications (one or more of pleural effusion, ascites, vascular complications, parenchymal complications, or gastrointestinal tract involvement) | 2 |

# scanner et formes étiologiques des pancréatites aiguës



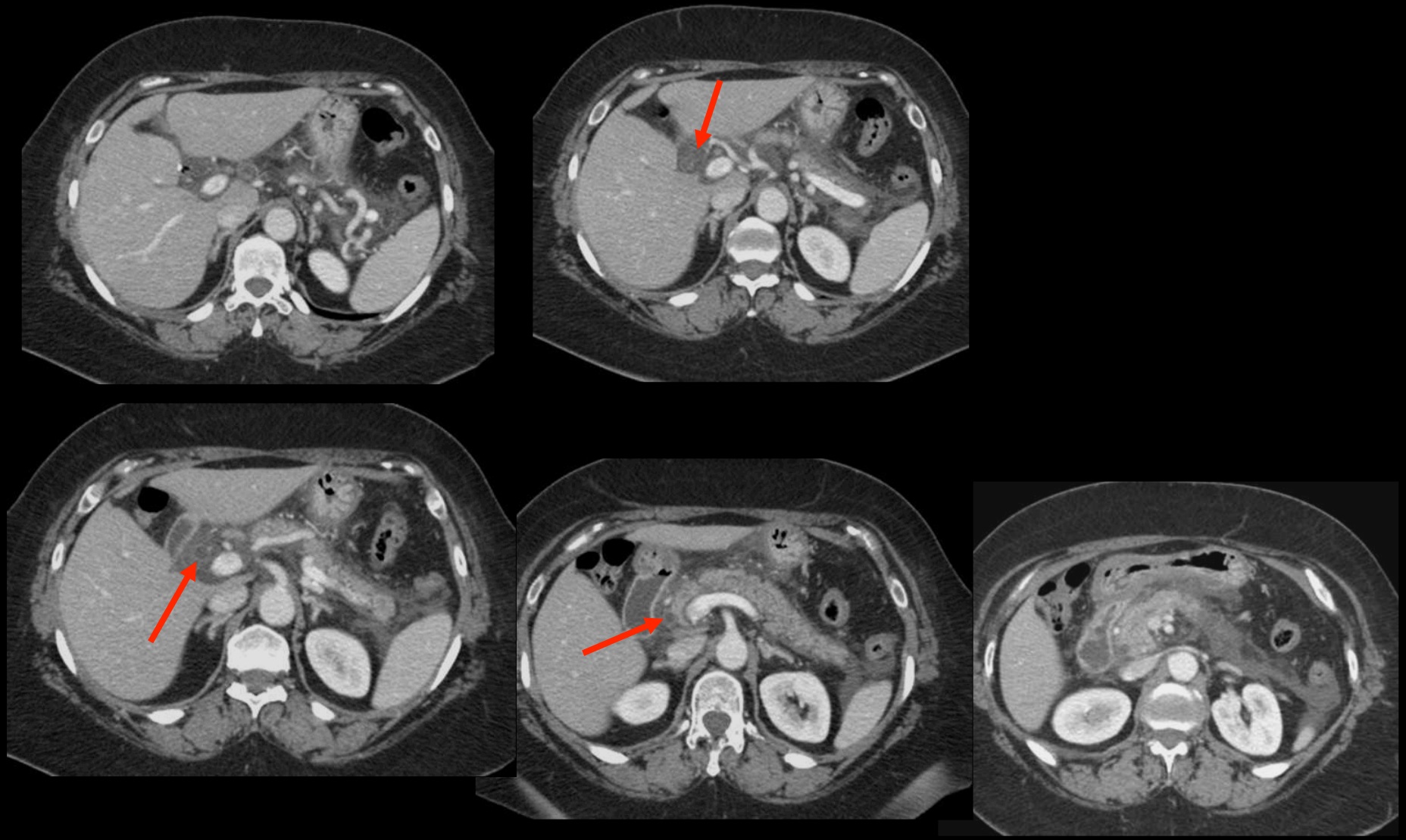






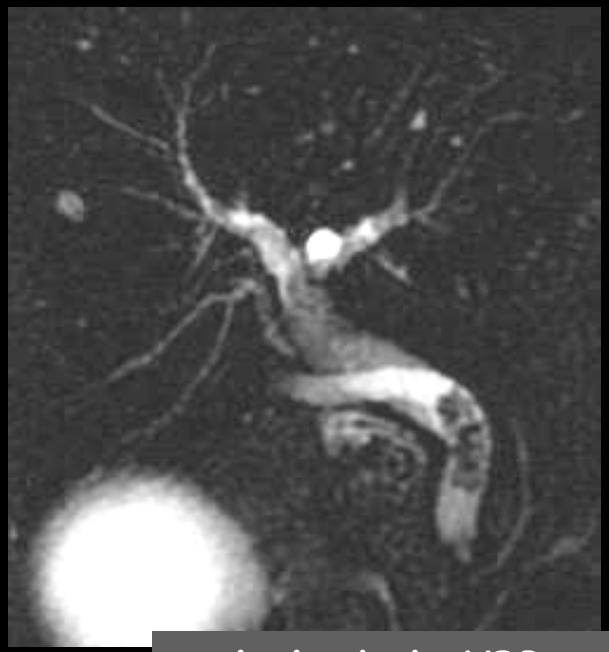
poussée aiguë sur pancréatite alcoolique

homme jeune ,maigre , alcoolo-tabagique
prédominance des lésions sur le segment corporéo-caudal
pas de dilatation de la VBP , ni de prise de contraste de la paroi
pas de calculs évidents dans la vésicule biliaire (échographie +++)



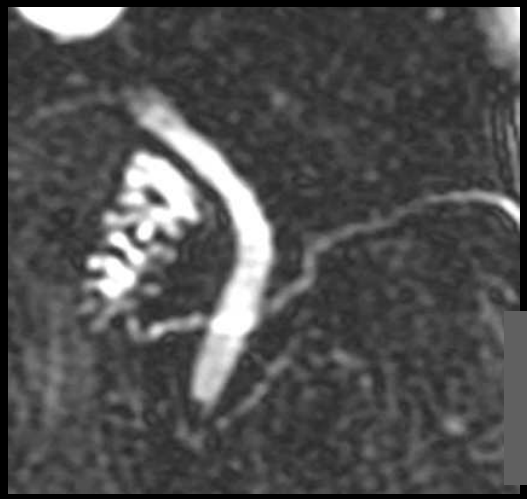
femme d'âge moyen , en surpoids  ou obèse
prédominance céphalique des lésions
VBP légérement dilatée avec parois épaissies se rehaussant après injection de PCI
présence  de petits calculs mobiles dans la vésicule biliaire (échographie +++)

PA biliaire

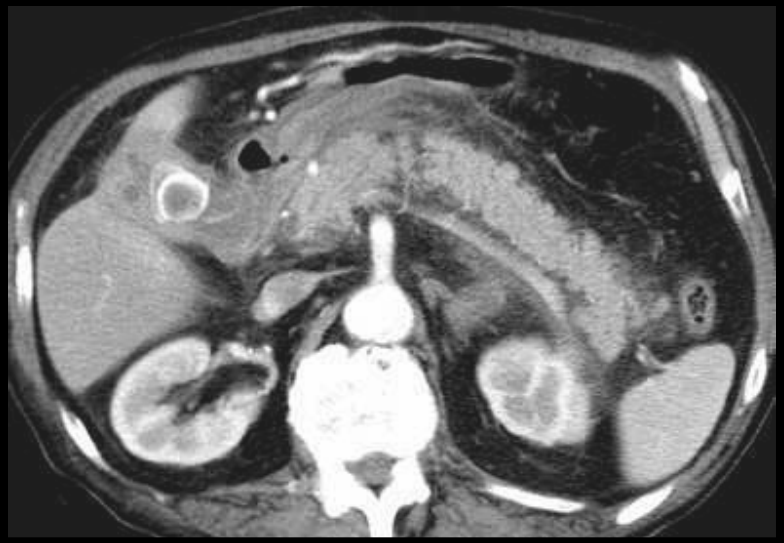


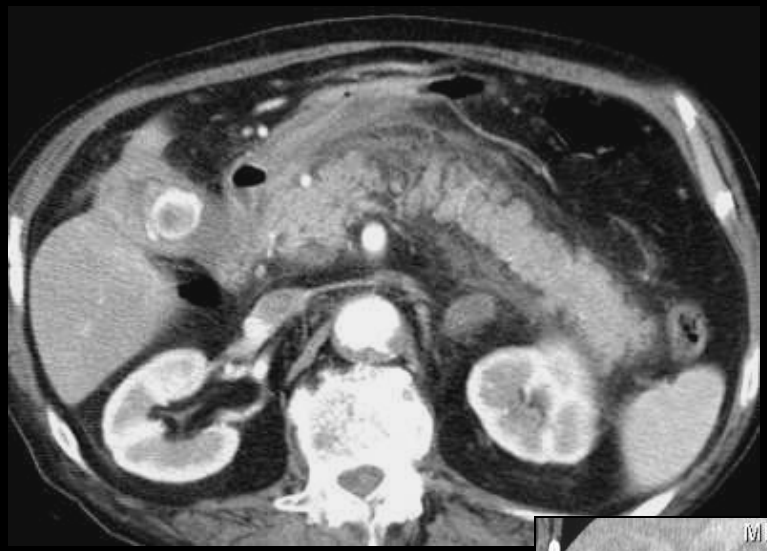
calculs de la VBP

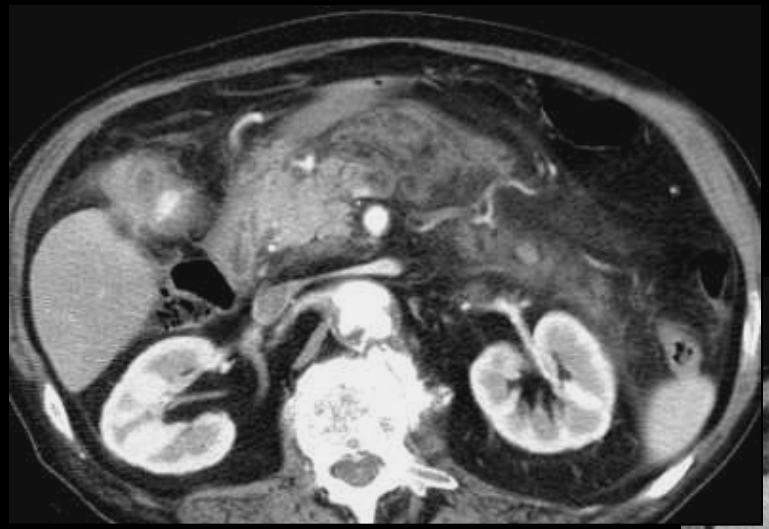
canal pancréatique dorsal dominant

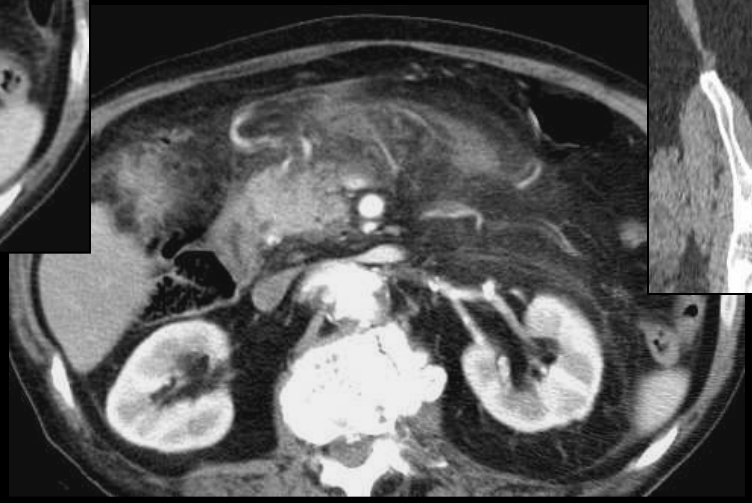


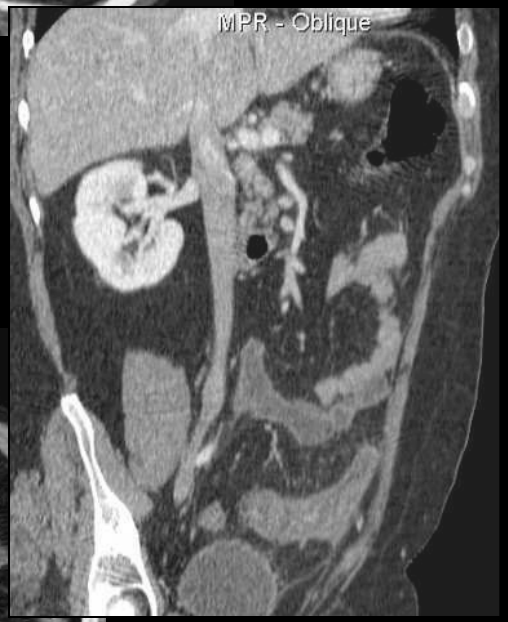
canal pancréatique dorsal dominant et pancréas divisum



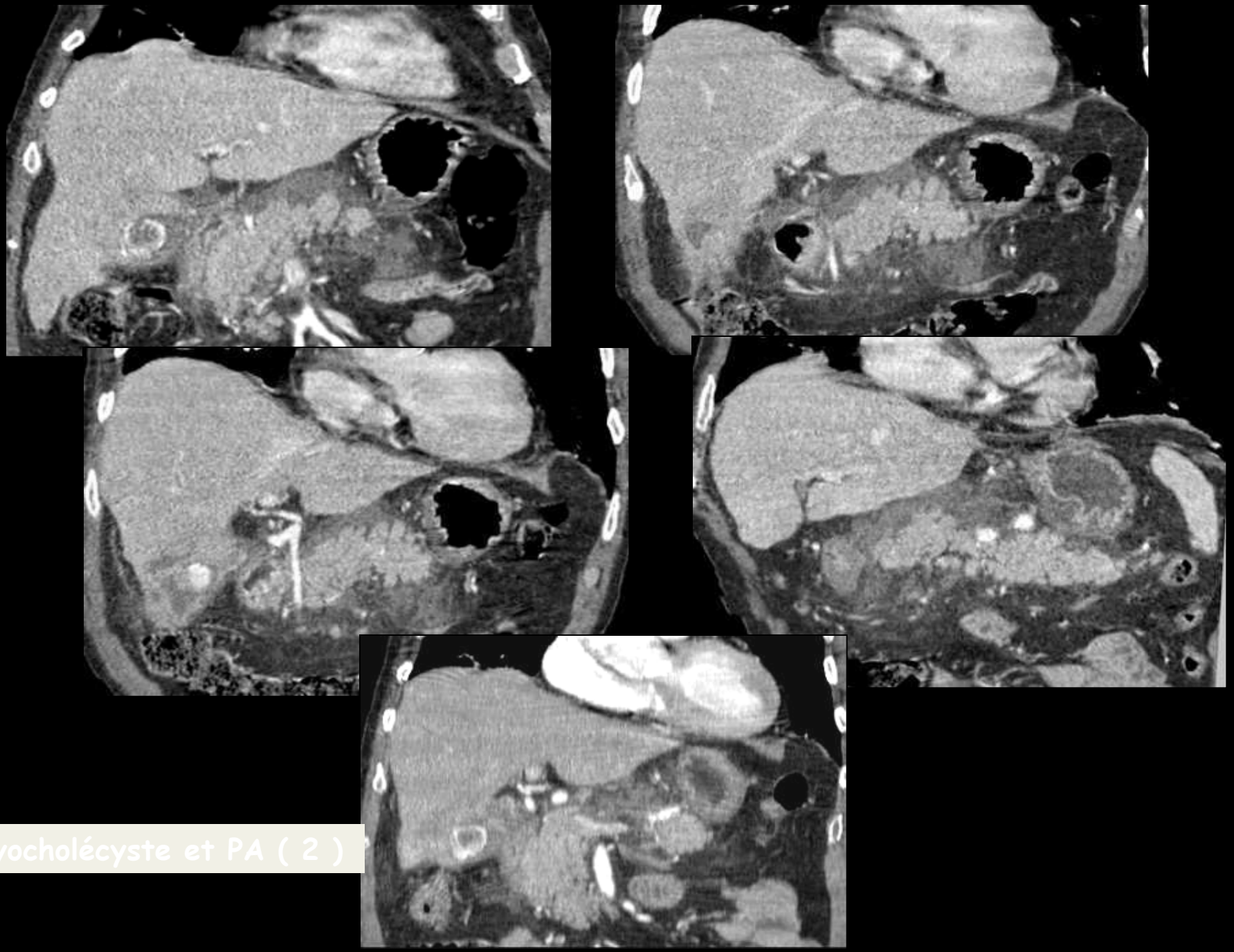




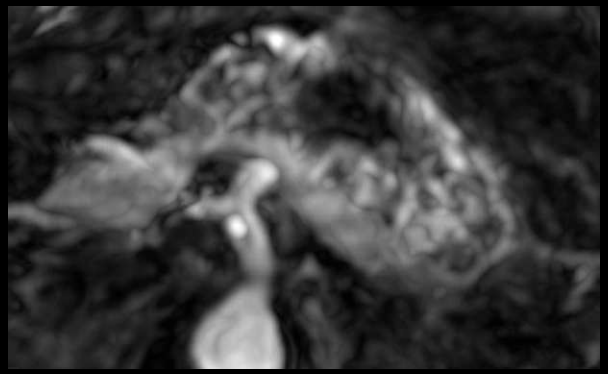


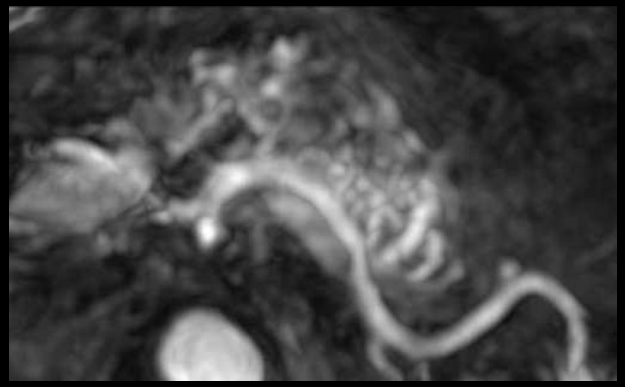


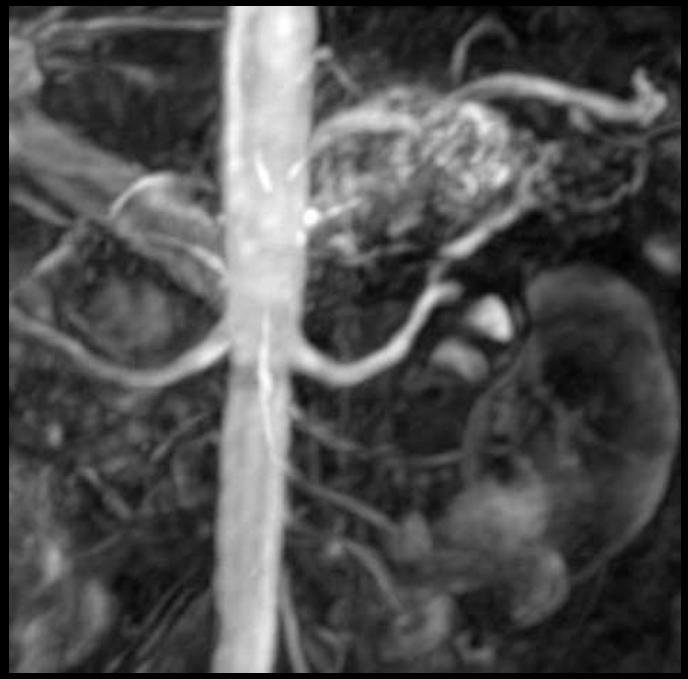

pyocholécyste et PA ( 1 )

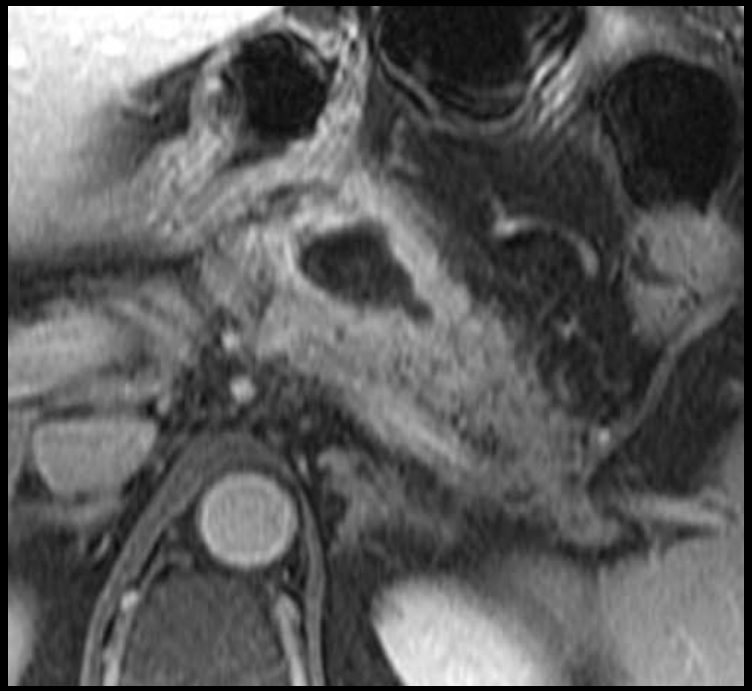


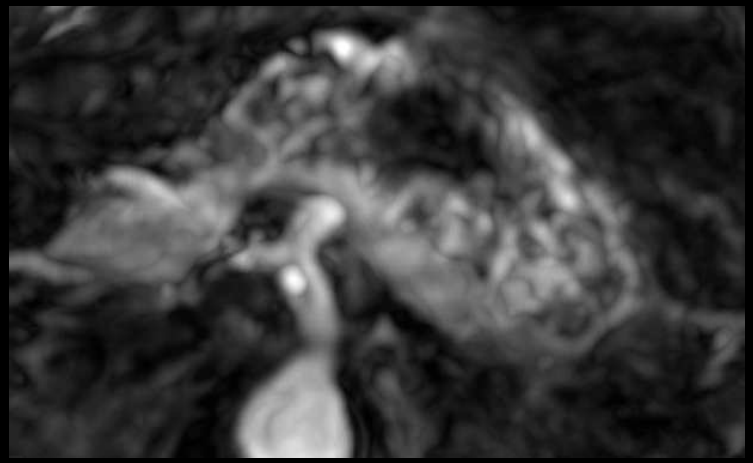
pyocholécyste et PA ( 2 )

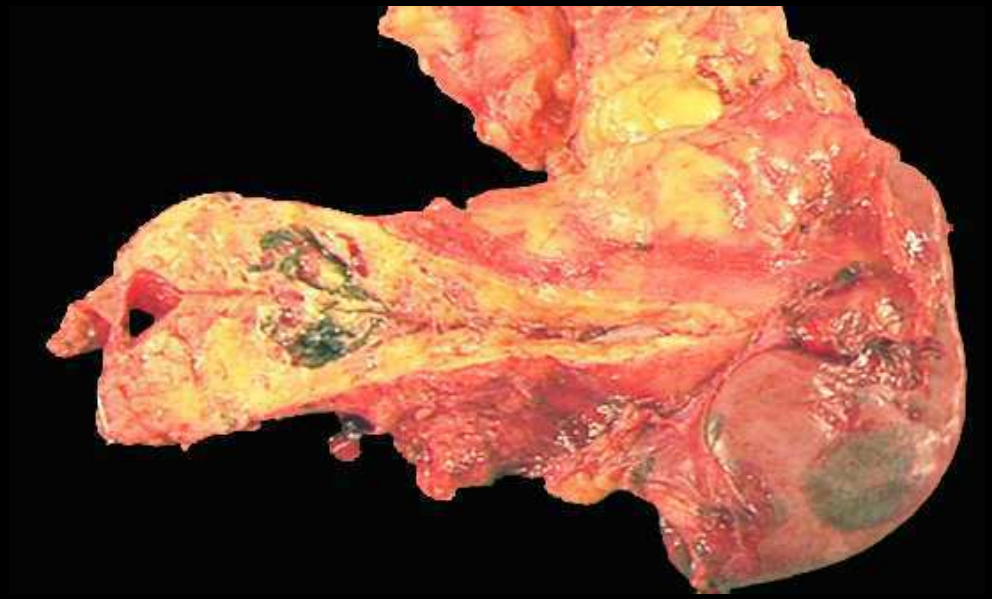


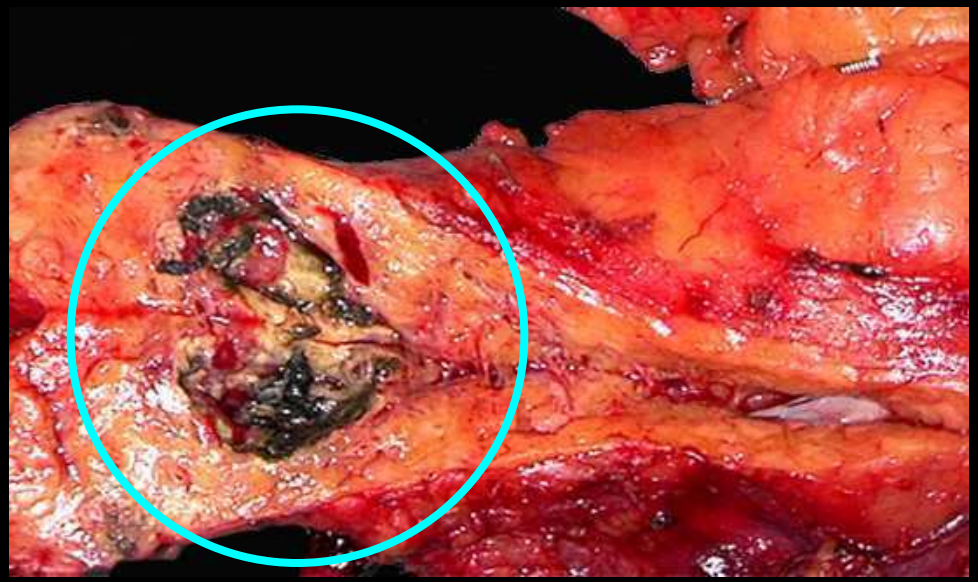






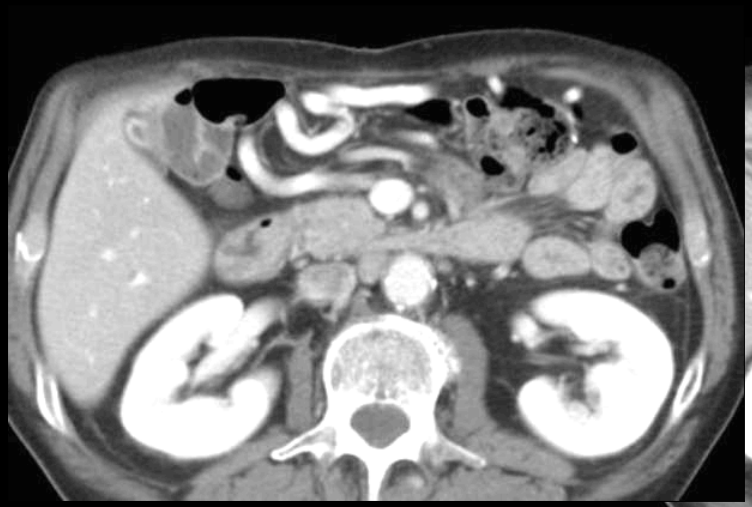


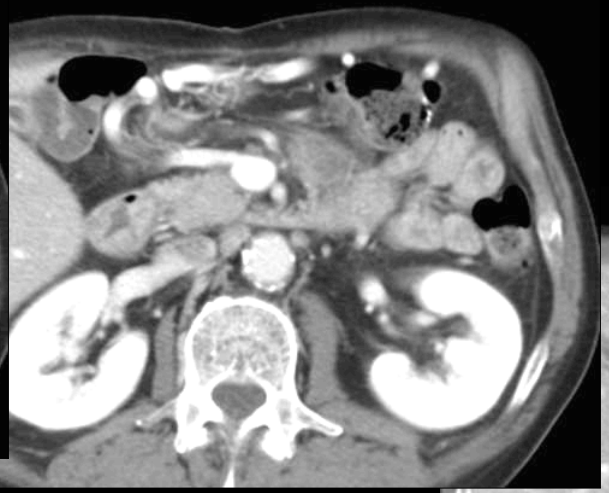


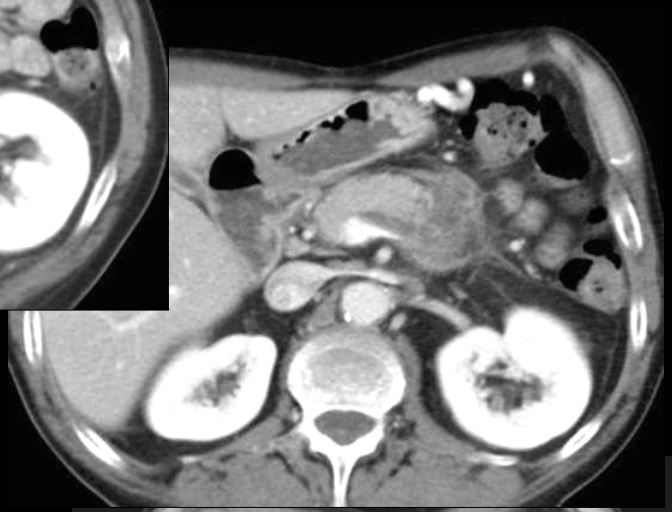


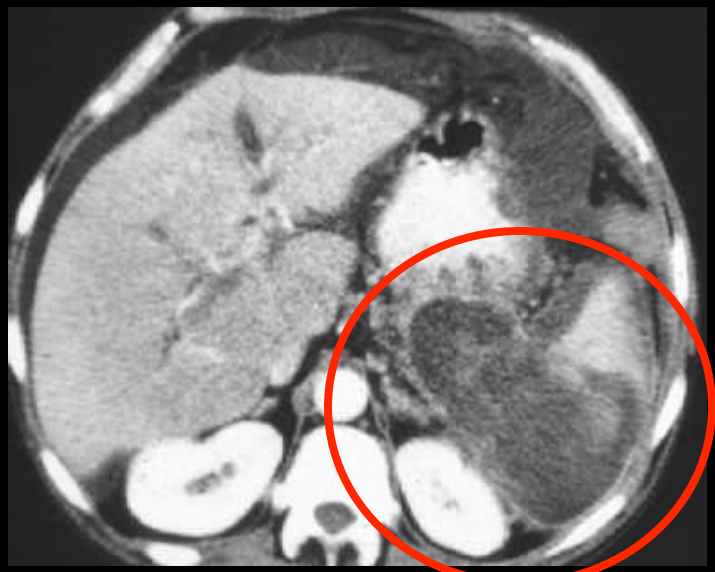
pancréatite aiguë sur malformation artério-veineuse pancréatique.

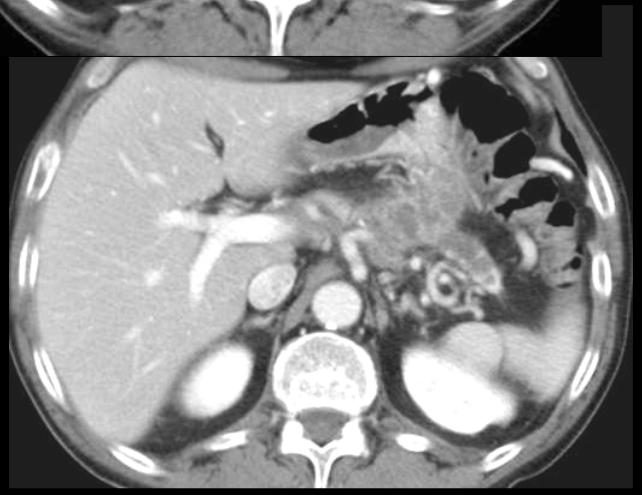
# imagerie et complications précoces des PA





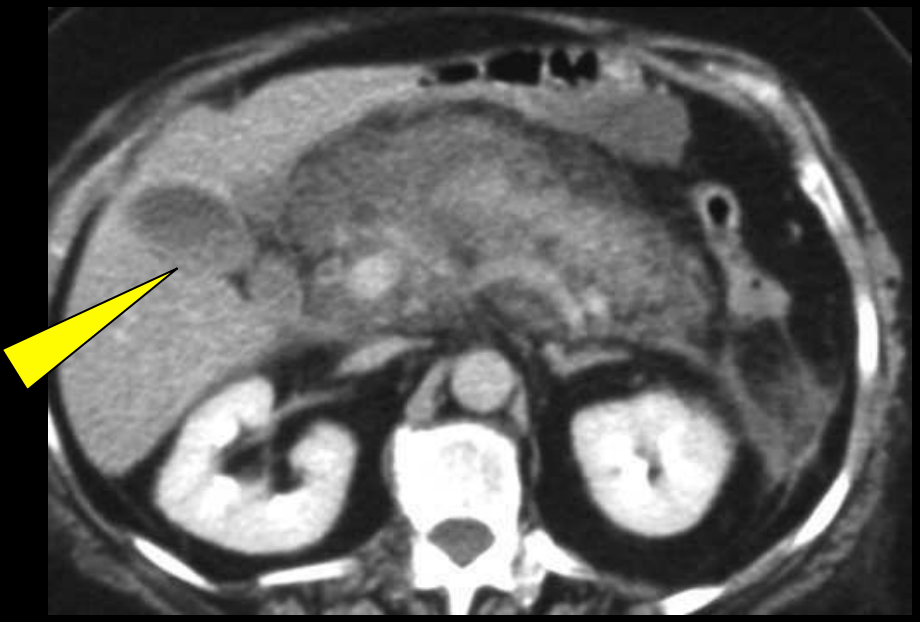


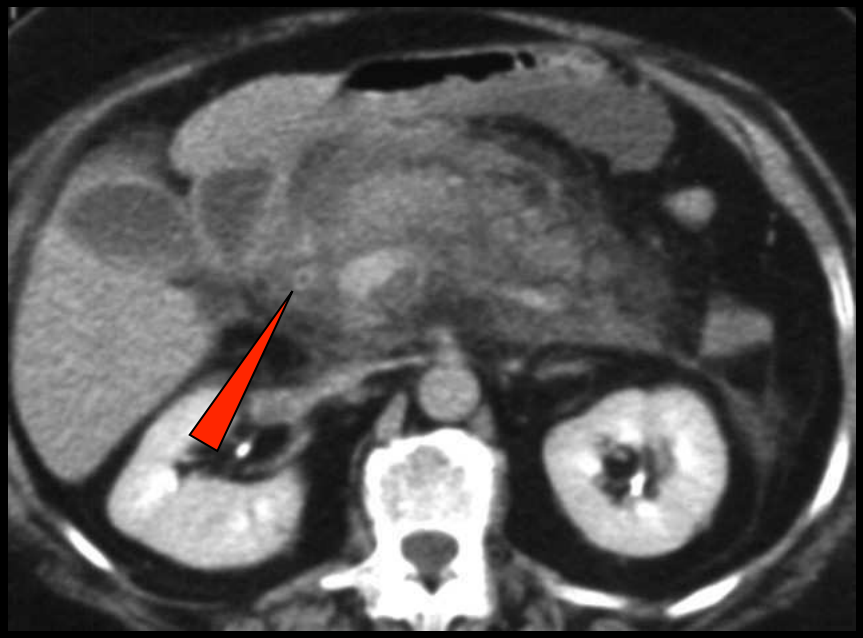


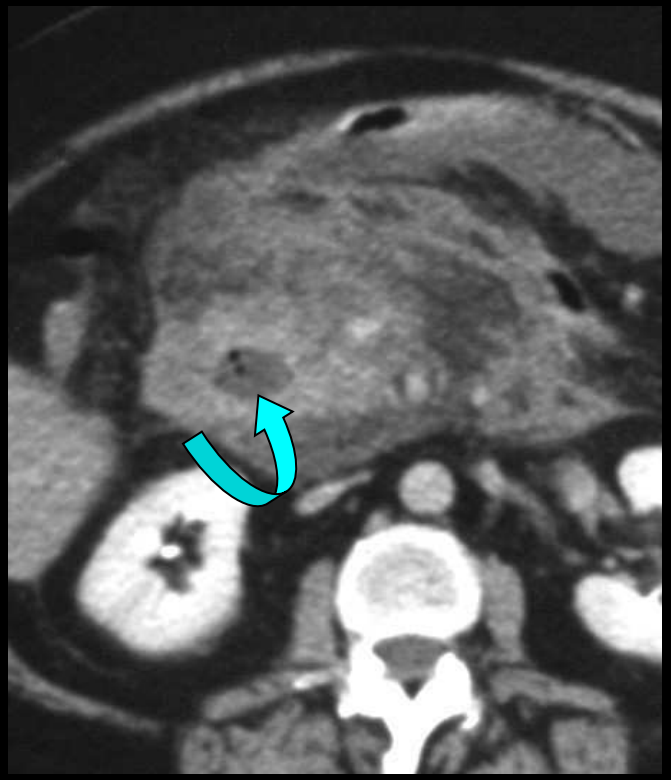


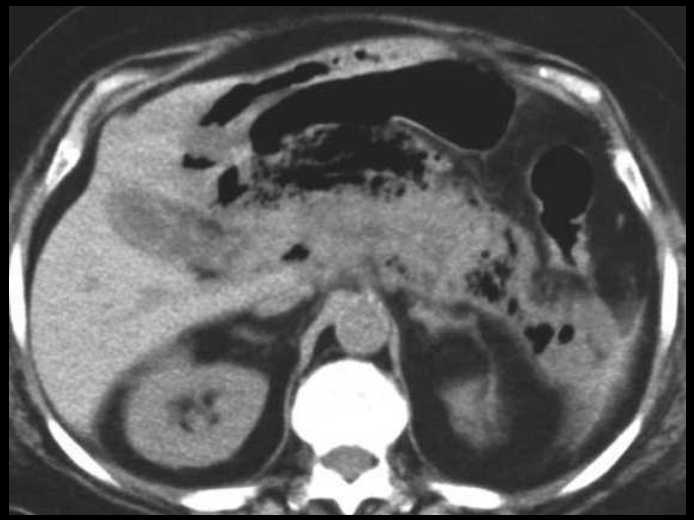
complications portales des PA

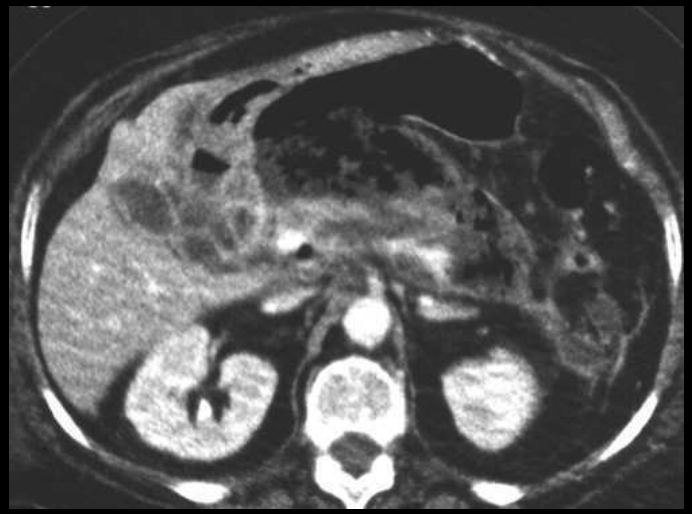
pancréatite aiguë biliaire nécrotique
grade E ( 1 )

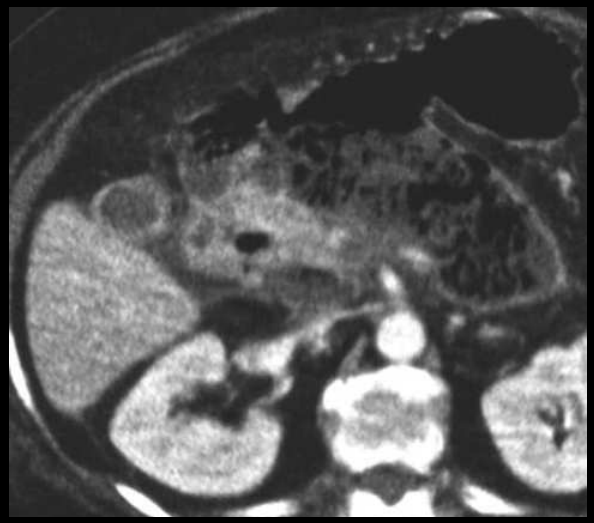


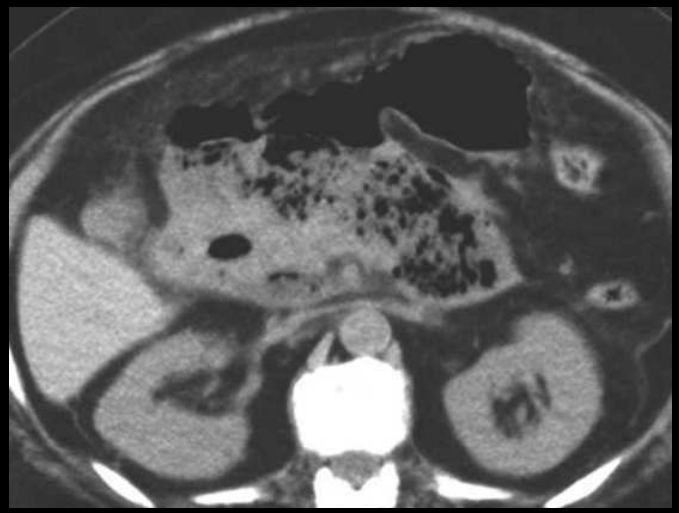




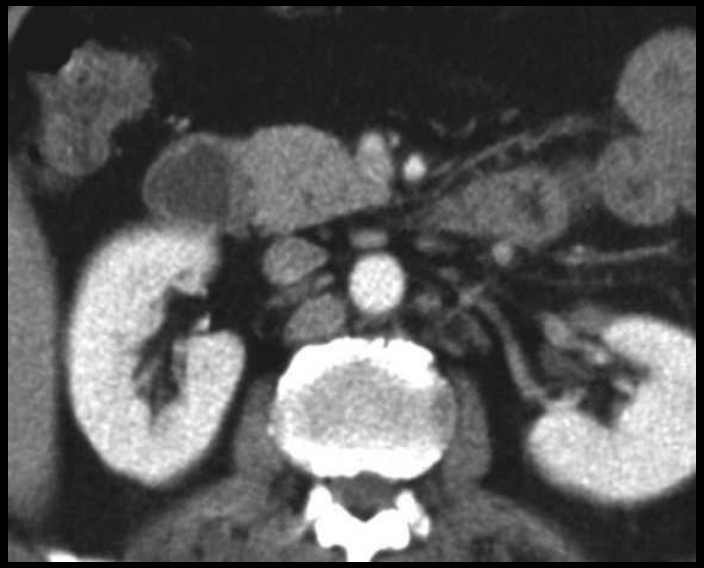


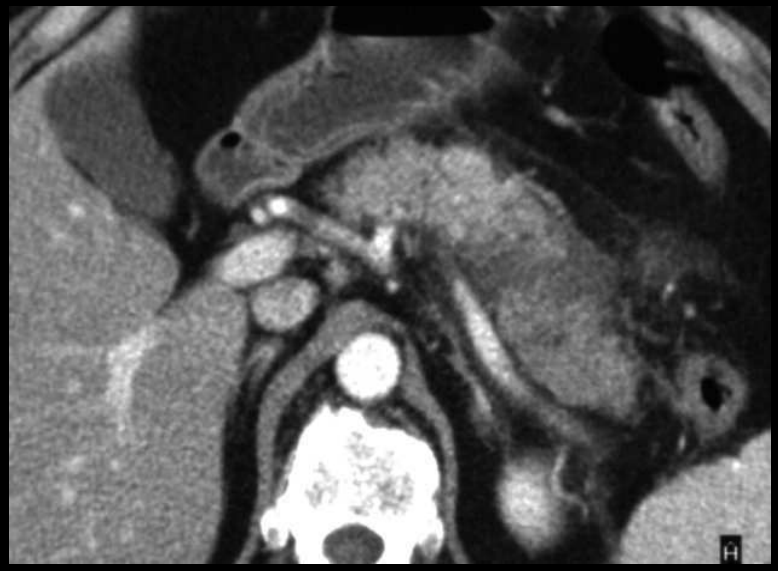


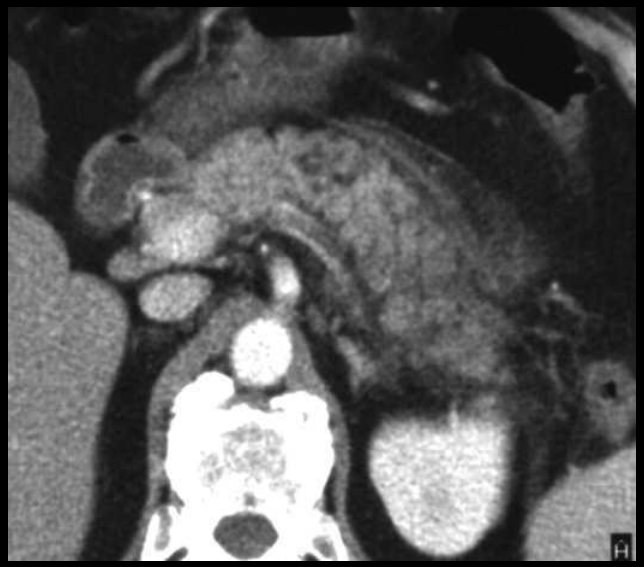


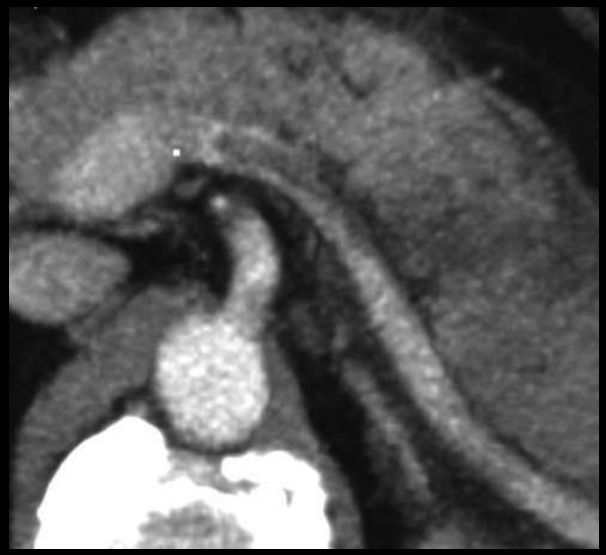


pancréatite aiguë biliaire nécrotique grade E : J 30 ( 2 )

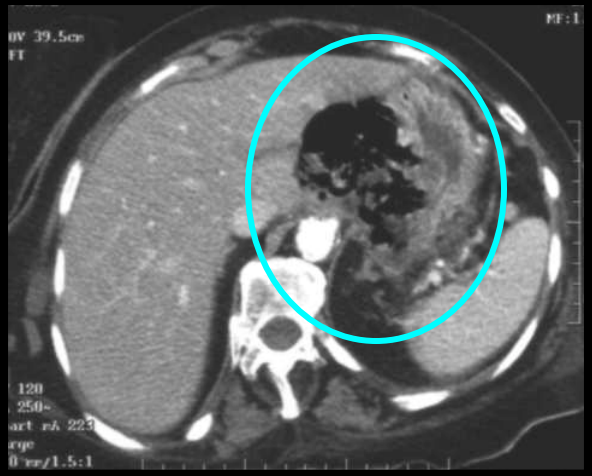


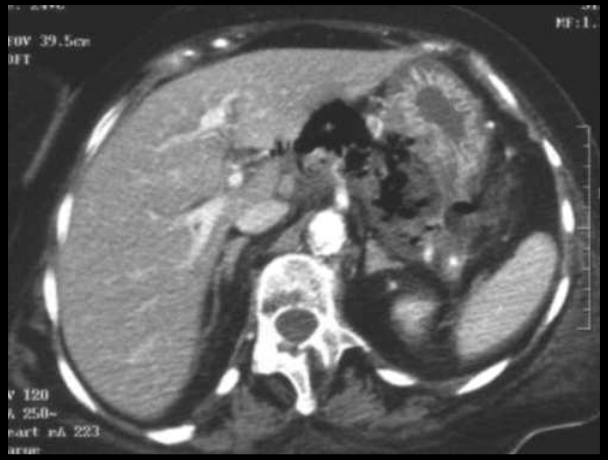


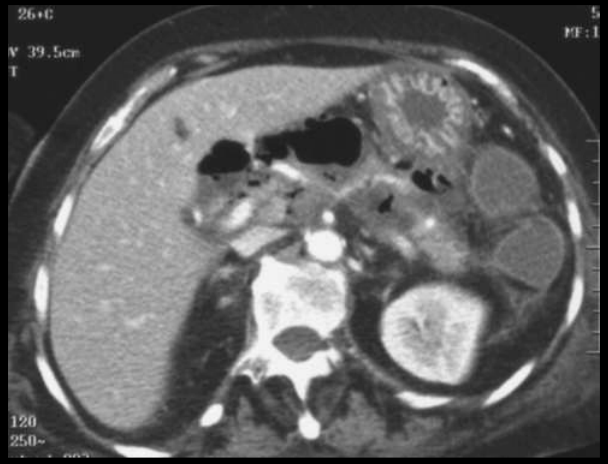


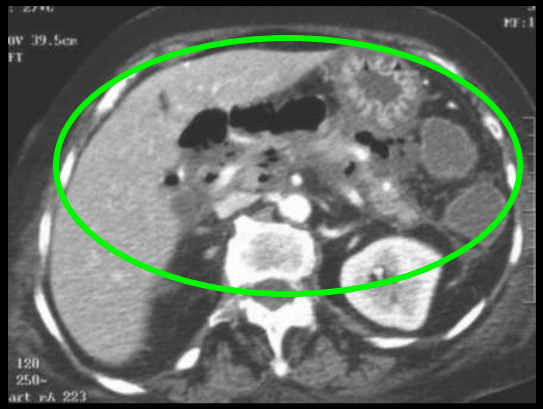


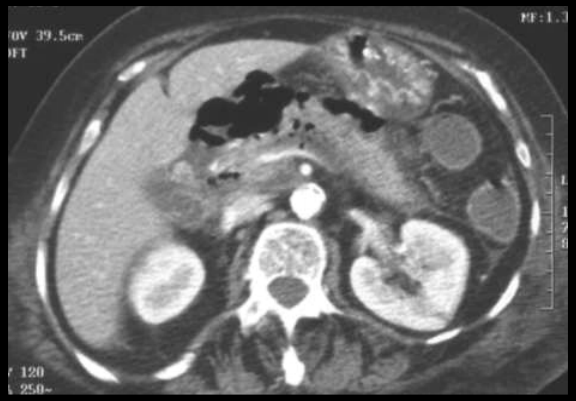
pancréatite aiguë et thrombus de la veine spléniquue

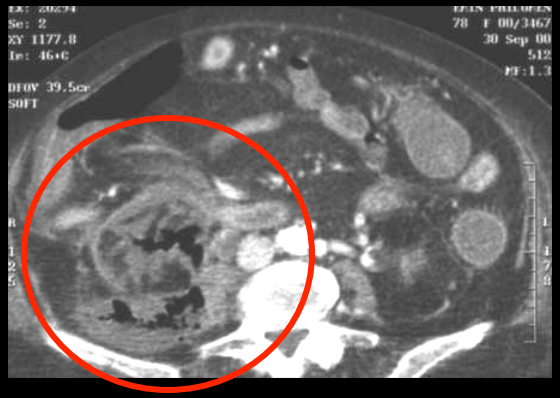


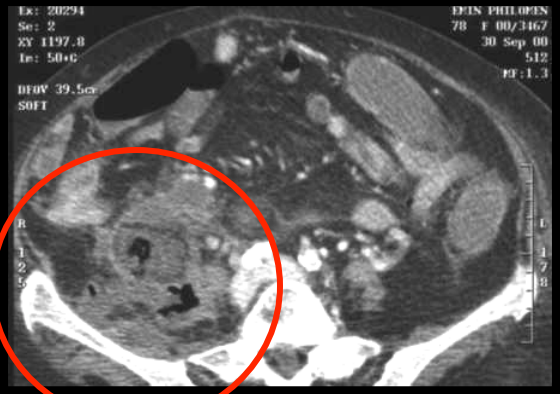


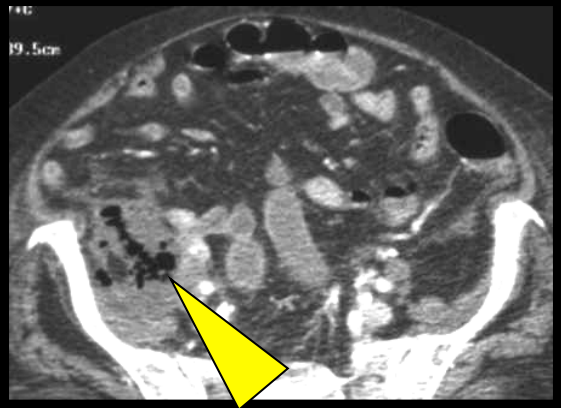






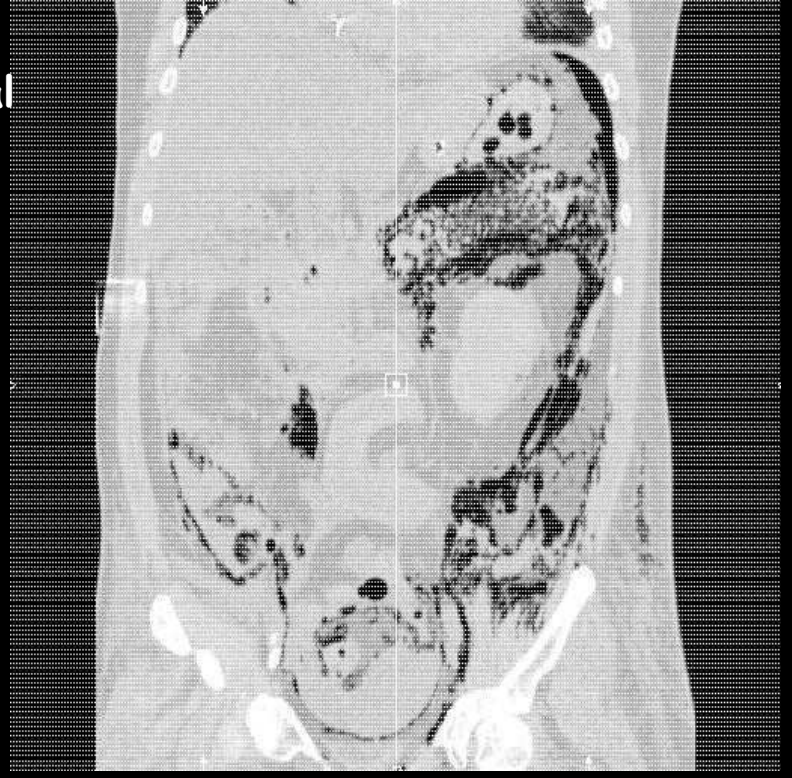


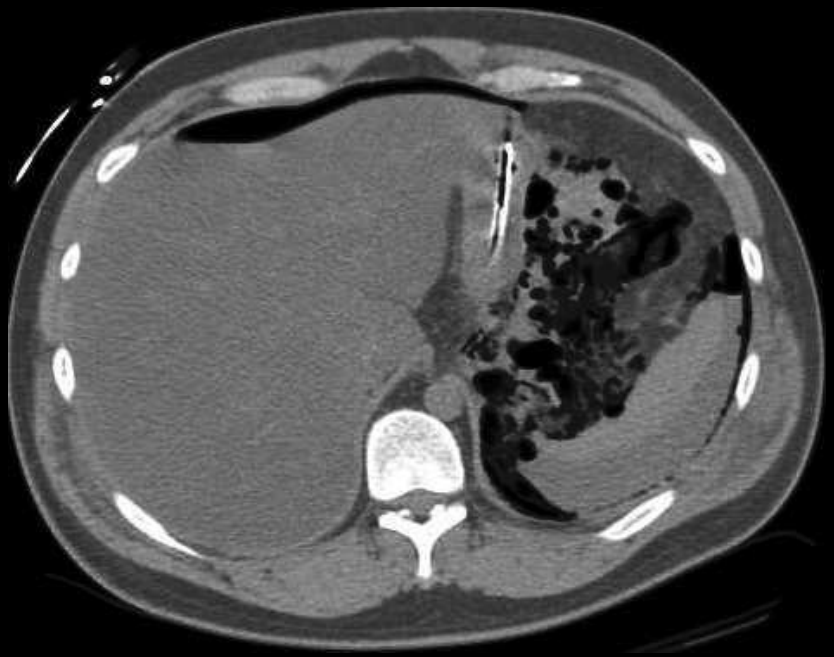


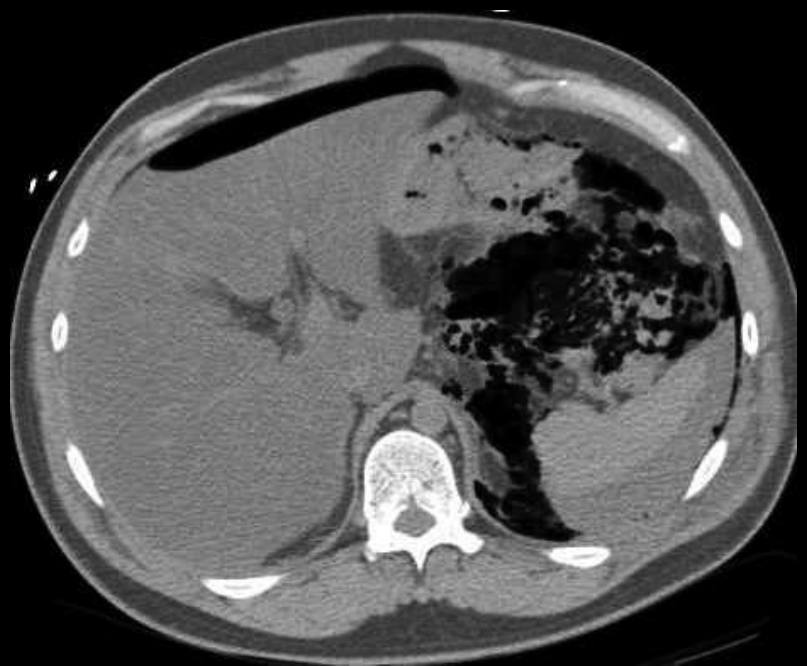


PA nécrose infectée

homme 33 ans ,tahitien , sd douloureux abdominal
à début brutal, évoluant depuis 48
heures ,tableau occlusif ,
défaillance polyviscérale,
fièvre ;ethylisme ,suspicion de minilithiase
vésiculaire à l'échographie



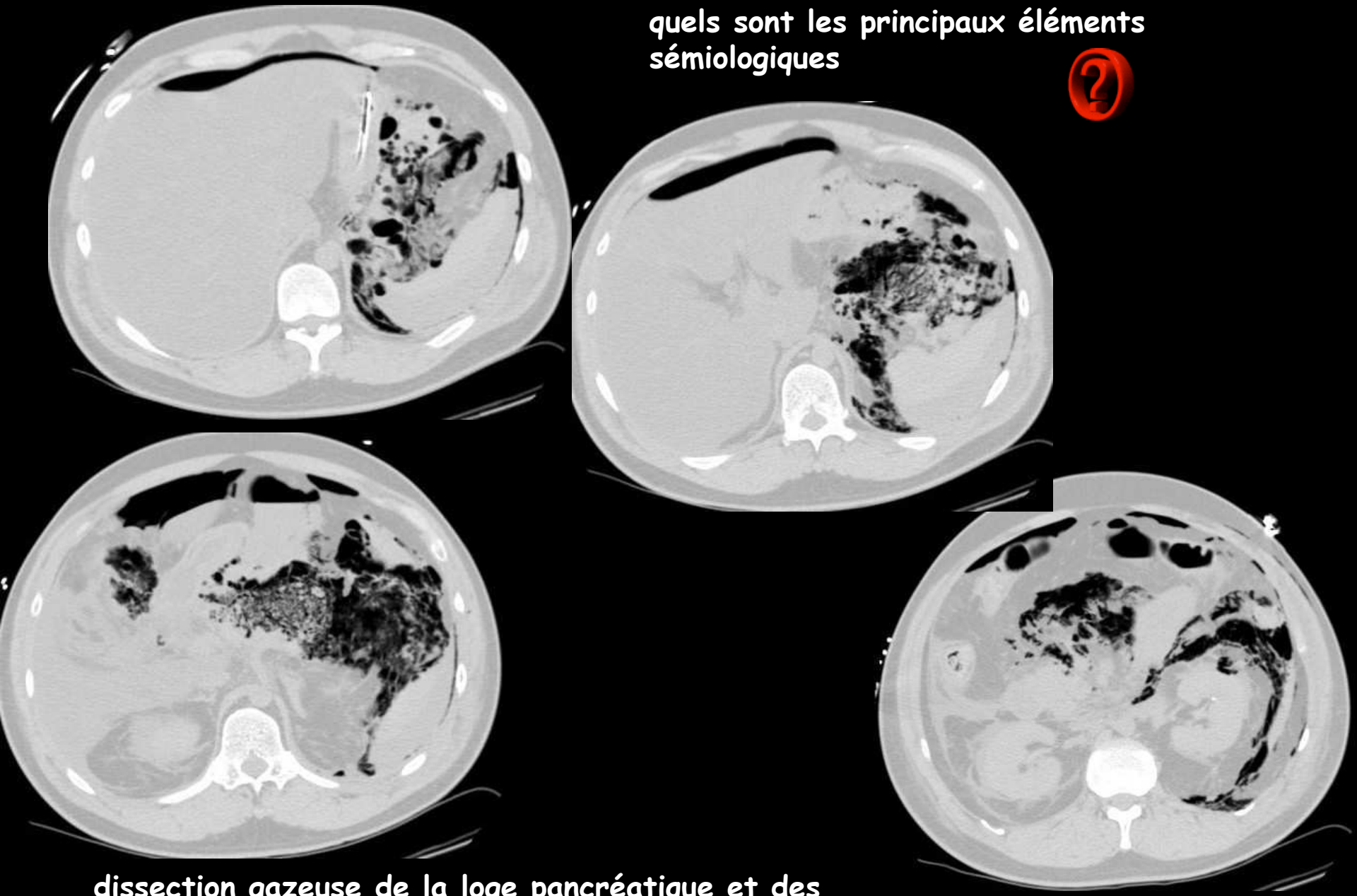




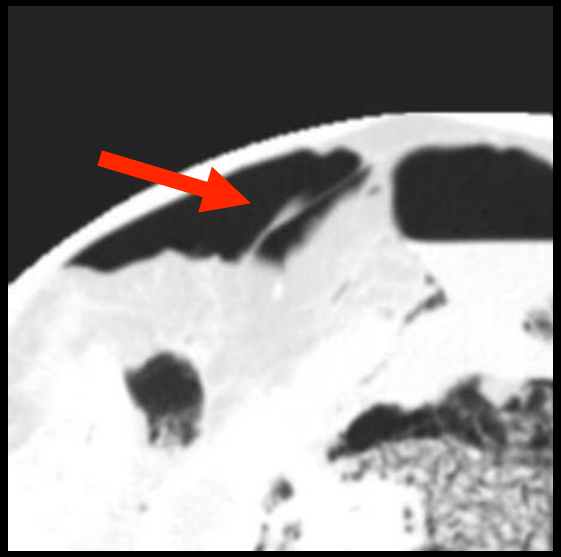
diagnostic positif
diagnostic étiologique

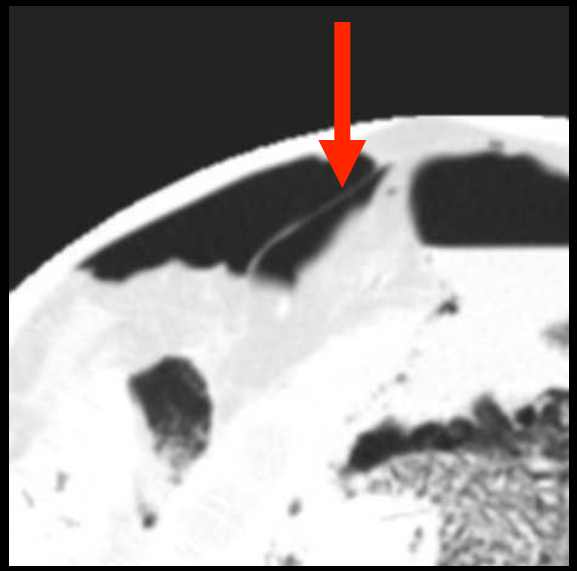
GGT 808 UI N:2-34 UI

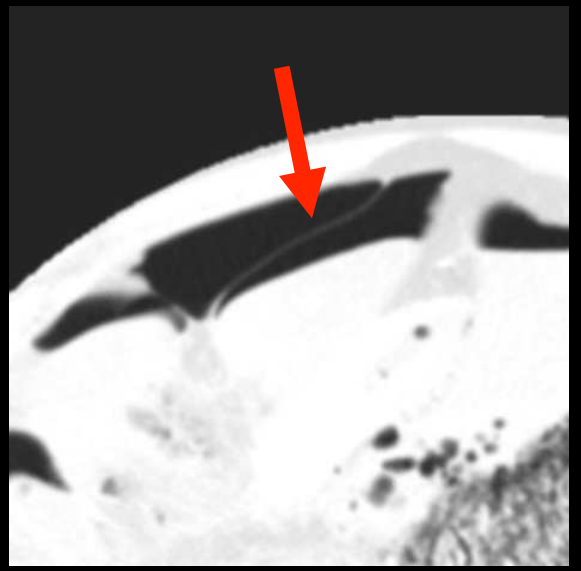
quels sont les principaux éléments sémiologiques



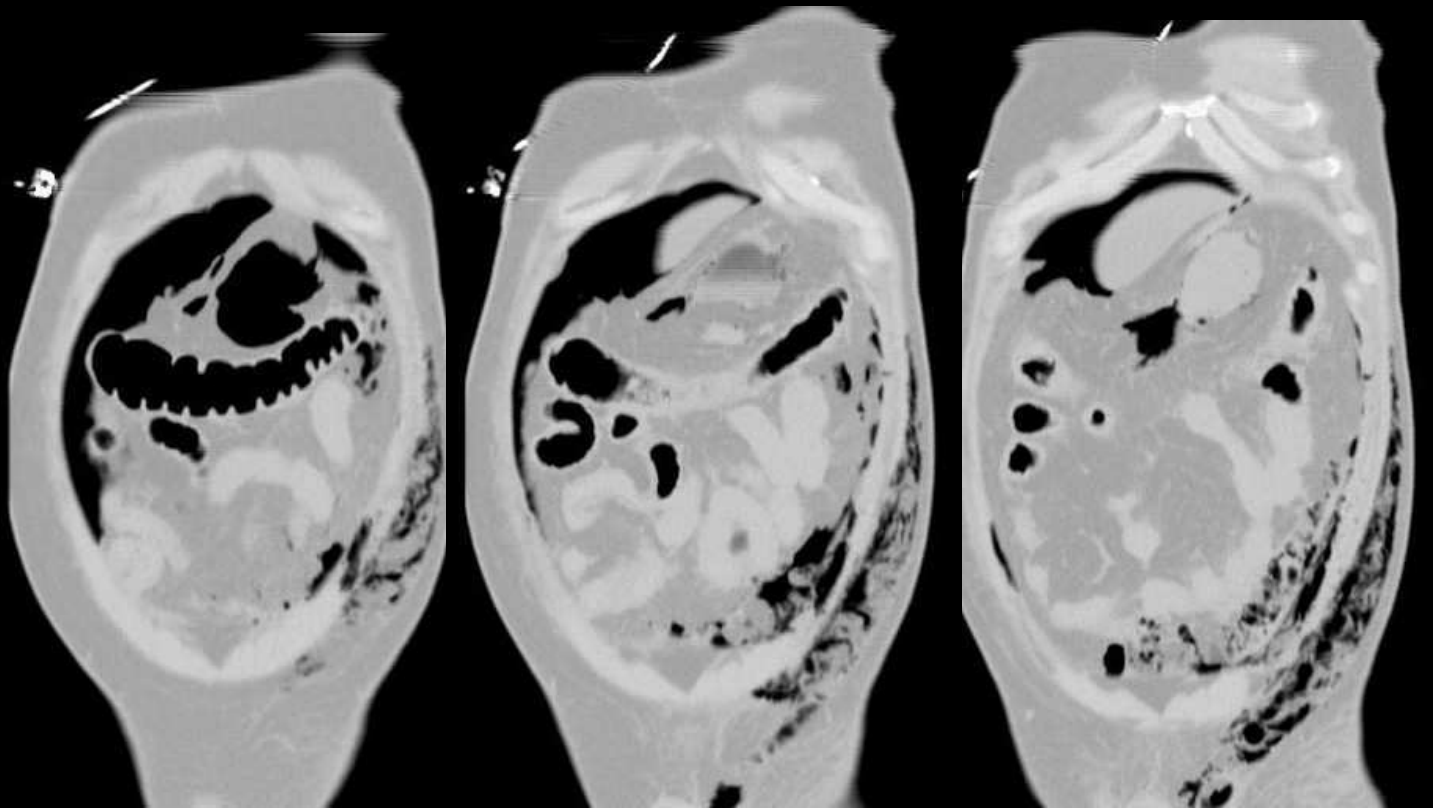
dissection gazeuse de la loge pancréatique et des espaces périrénaux, pneumopéritoine ???

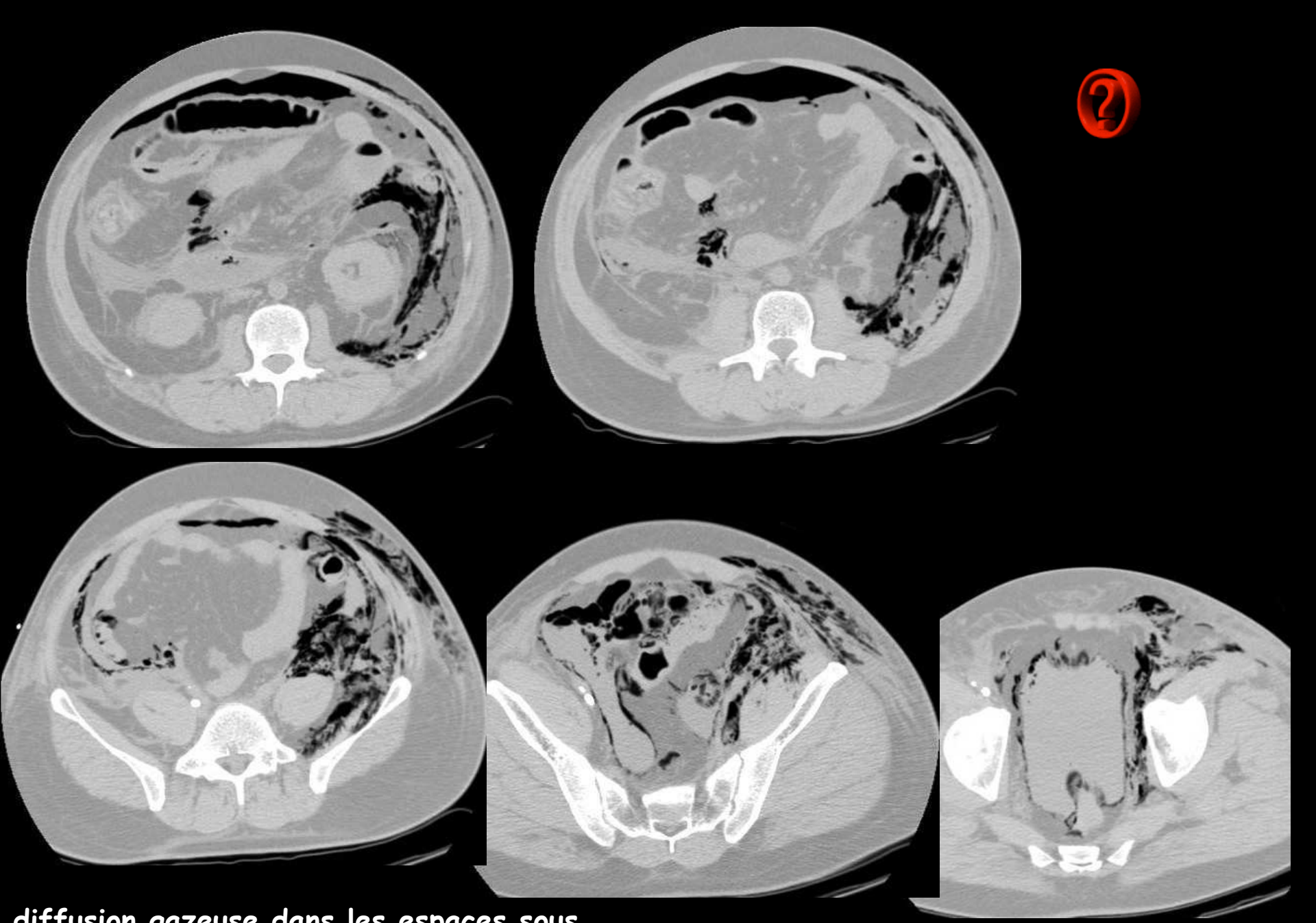




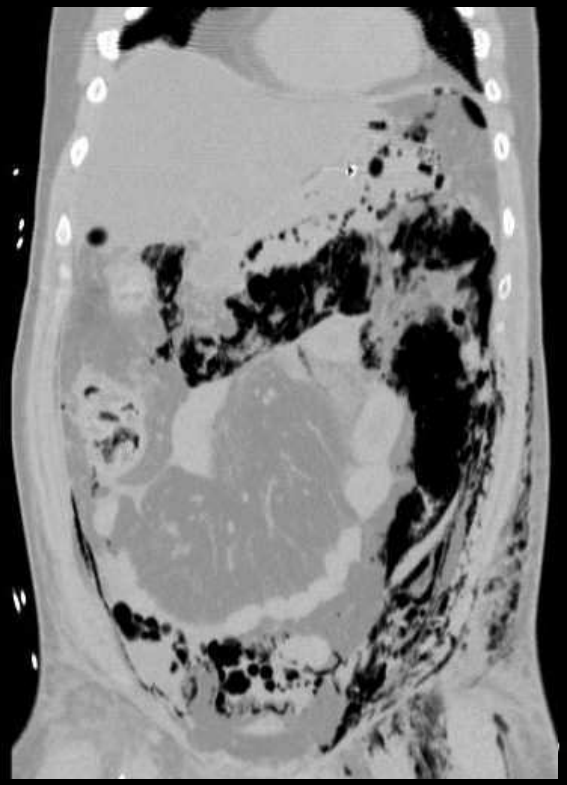


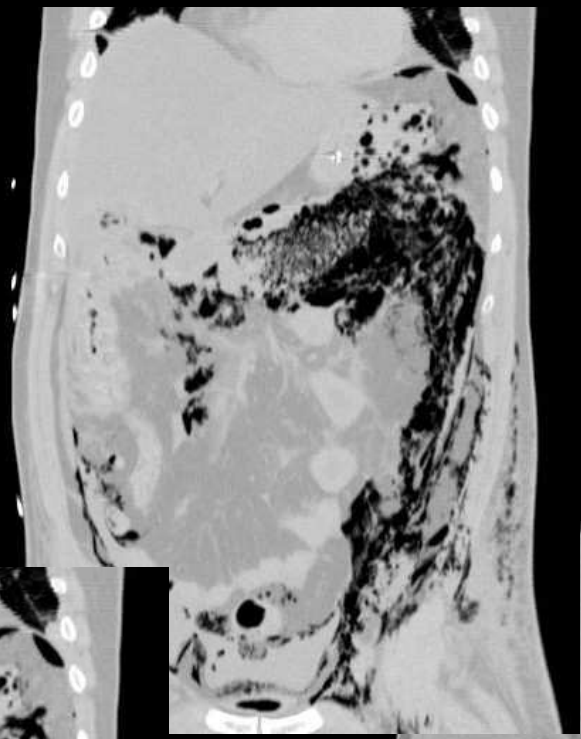
**pneumopéritoine ++ + , silhouettage du ligament falciforme par le gaz libre intrapéritonéal**

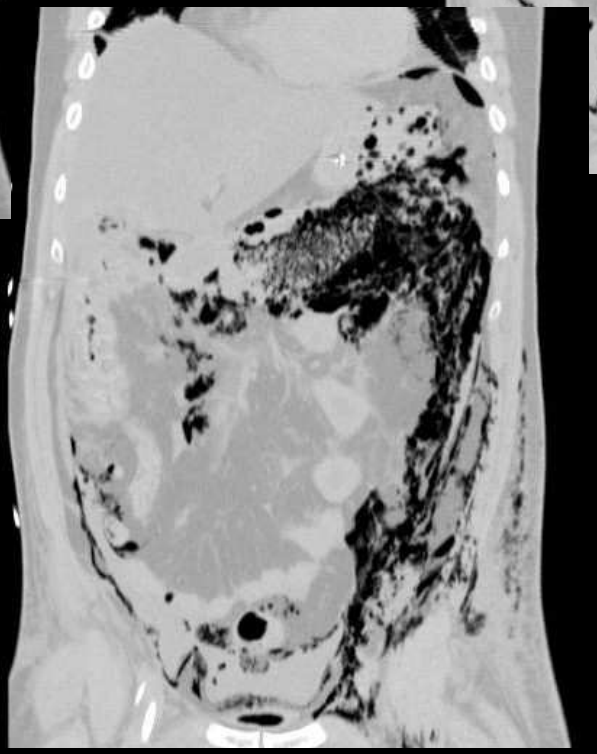


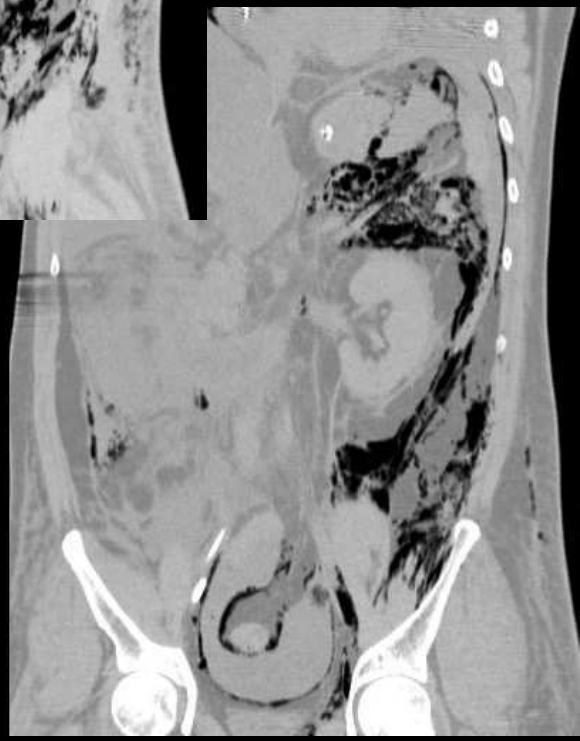


diffusion gazeuse dans les espaces sous péritonéaux pelviens



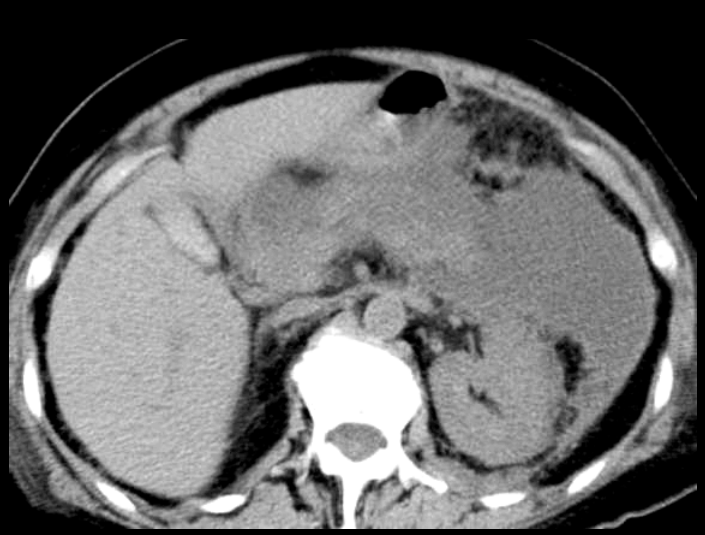
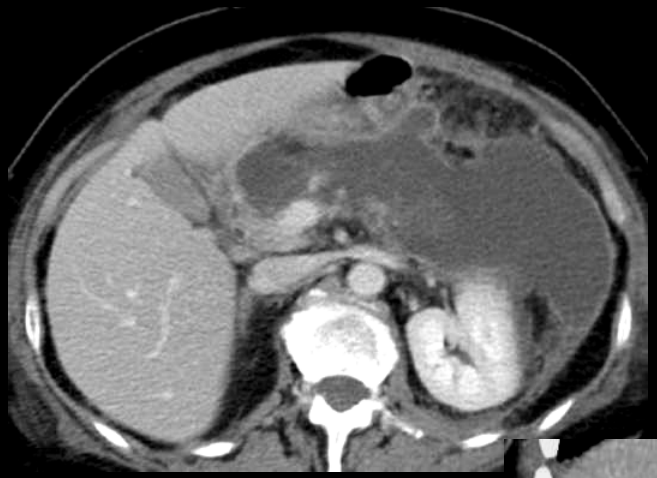
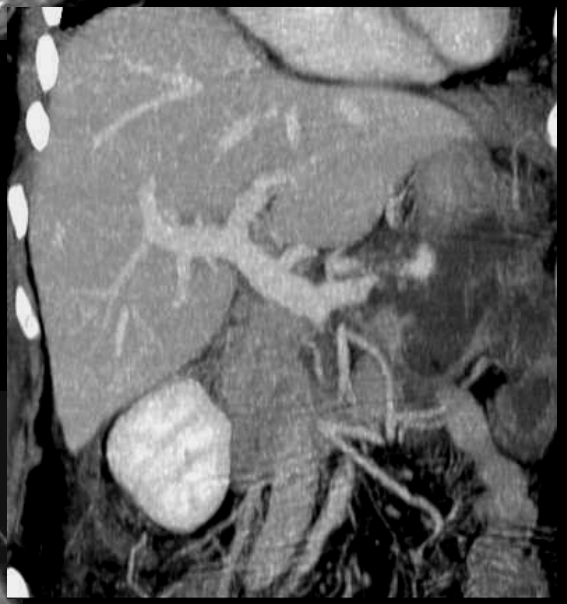
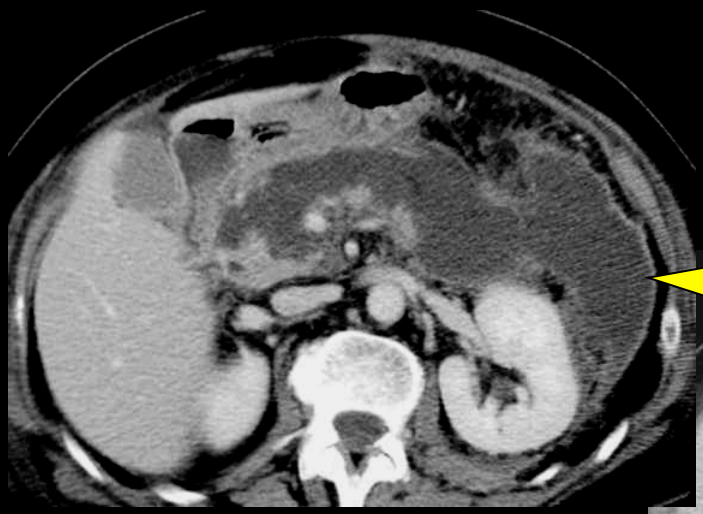
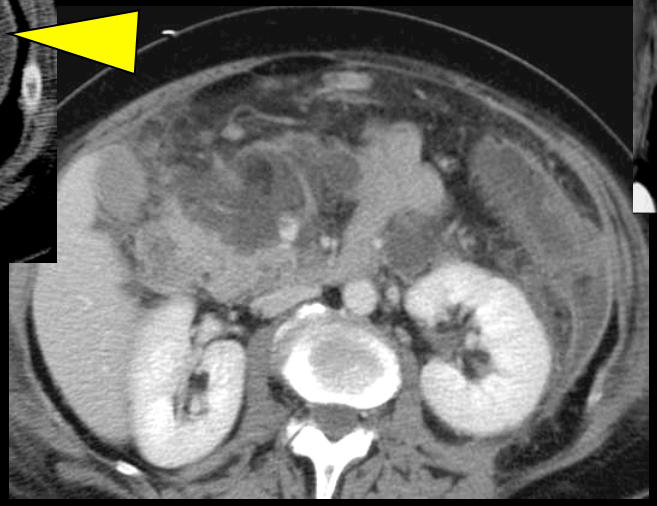




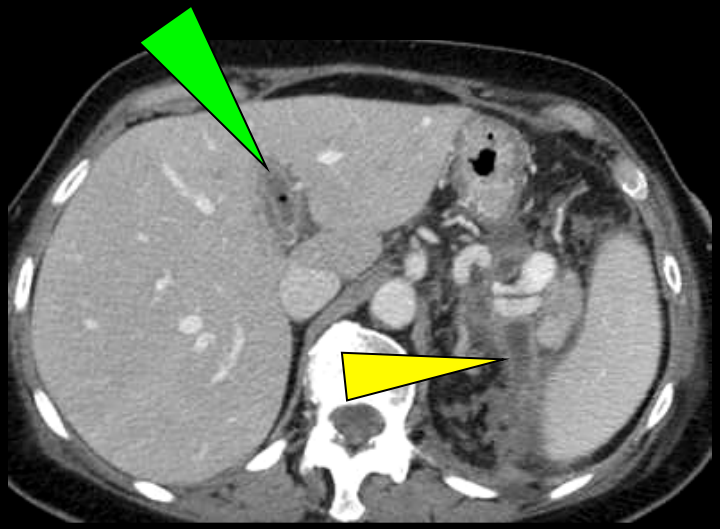


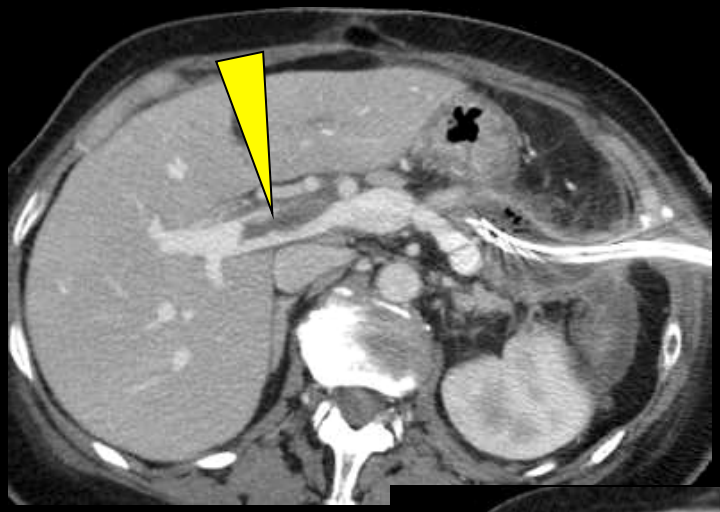
emphysème sous-cutané du flanc et de la racine crurale G

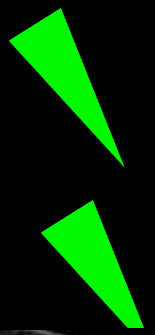
Clostridium perfringens isolé à la ponction ; diagnostic de gangrène gazeuse du pancréas

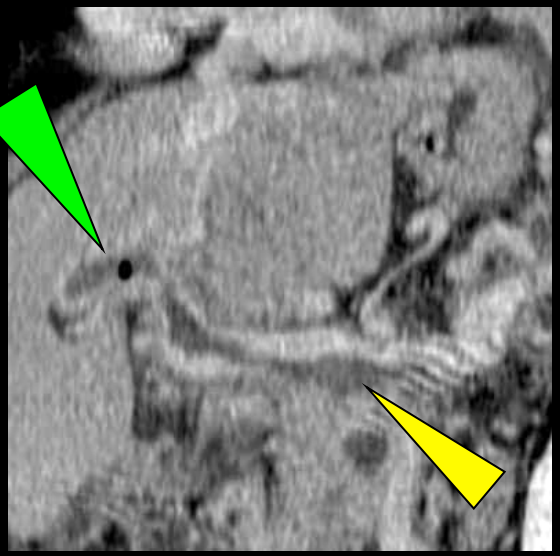






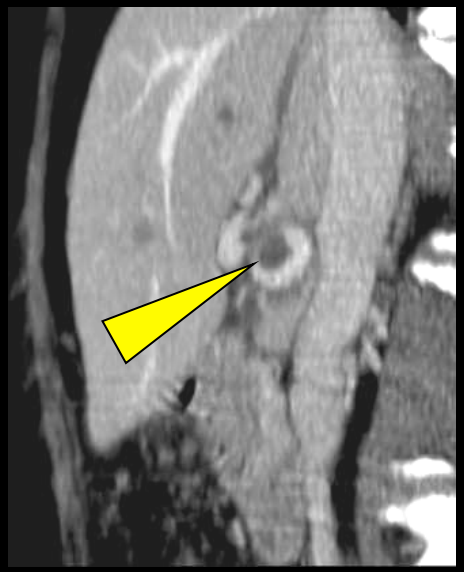
PA nécrotique ( 1 )

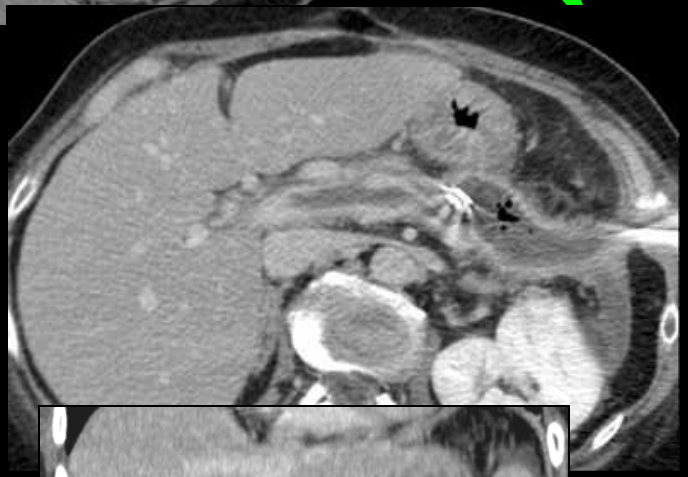


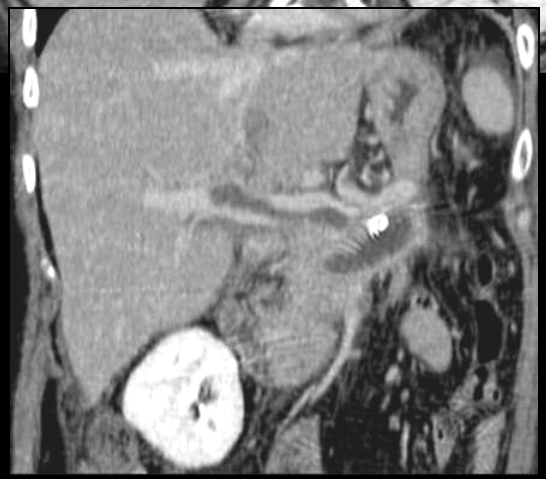




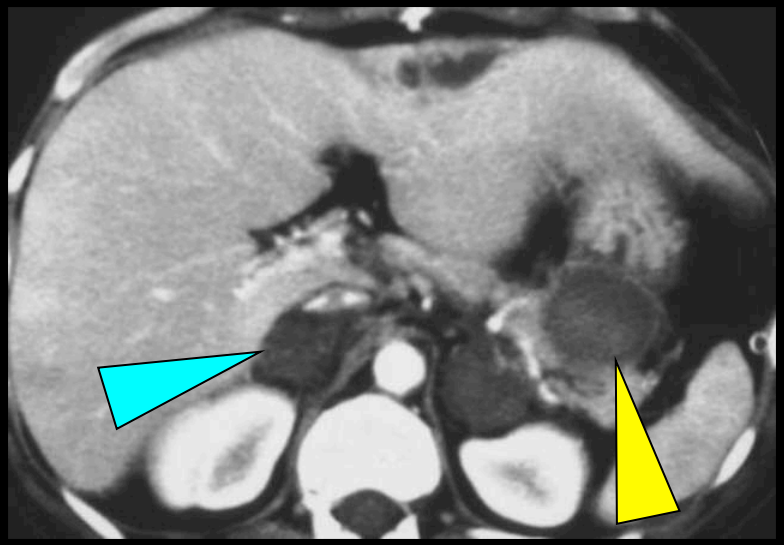


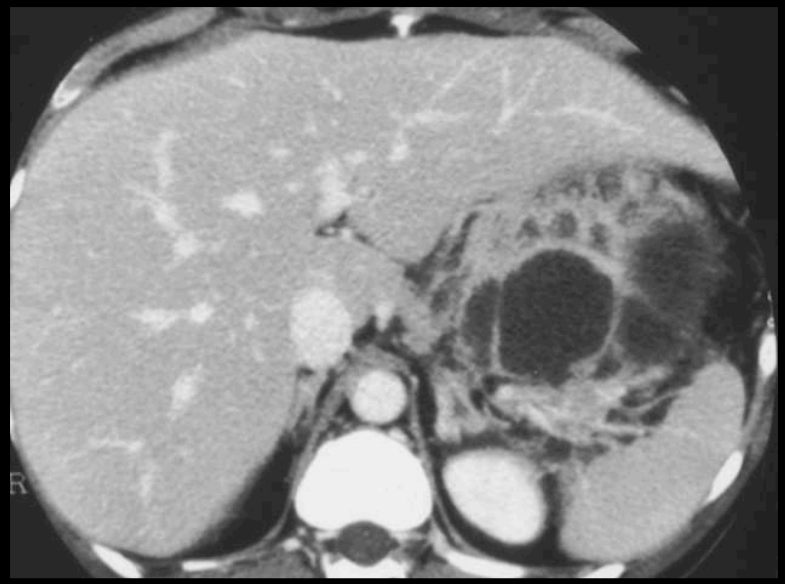


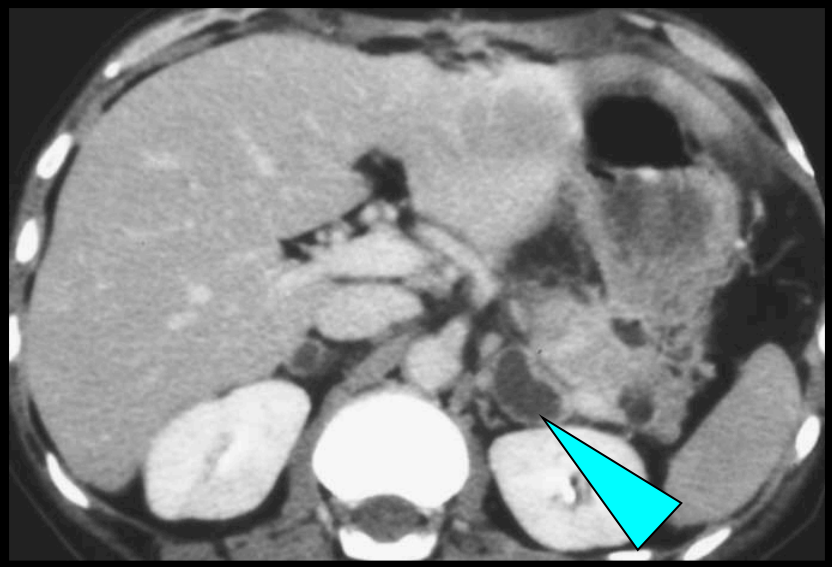


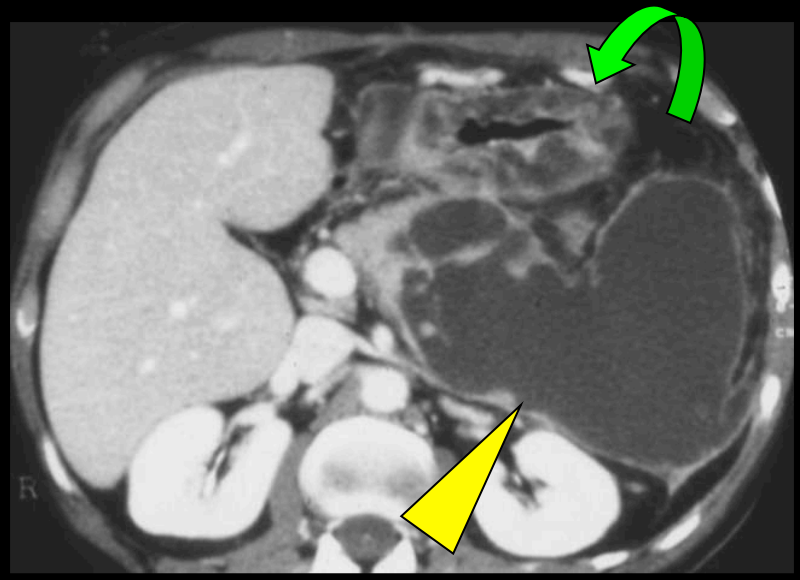


PA nécrotique + pylephlébite septique ( 2 )

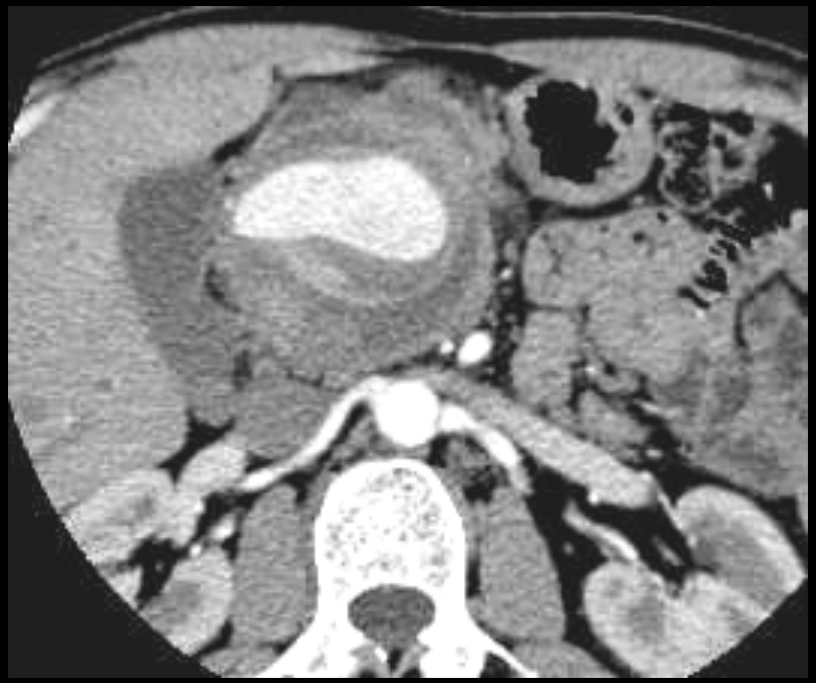


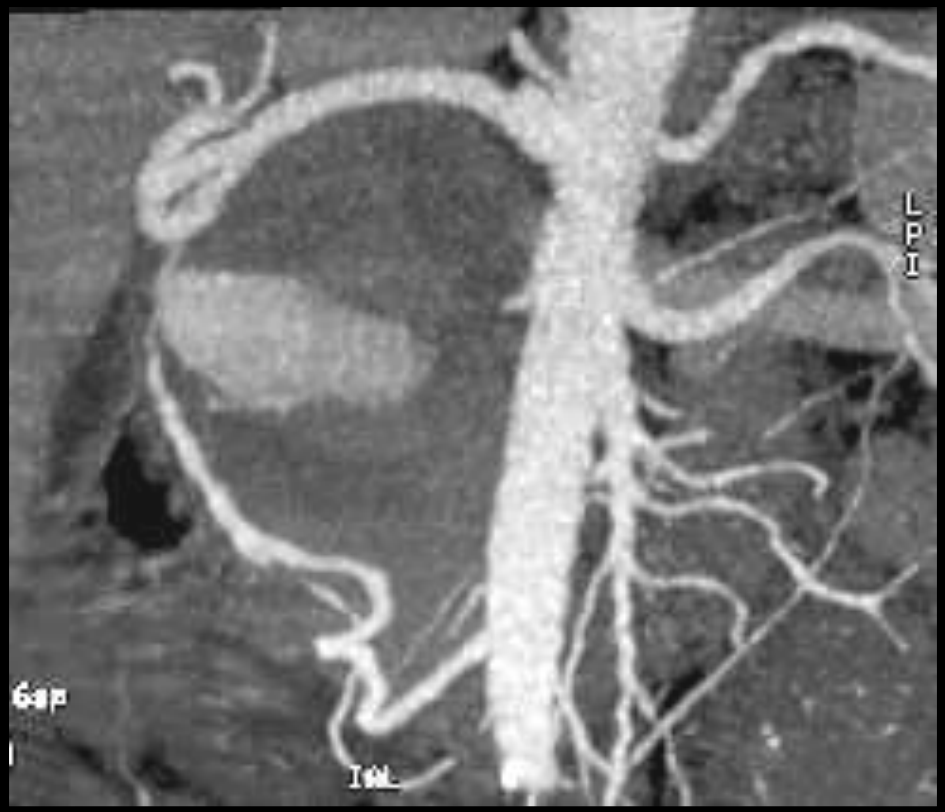






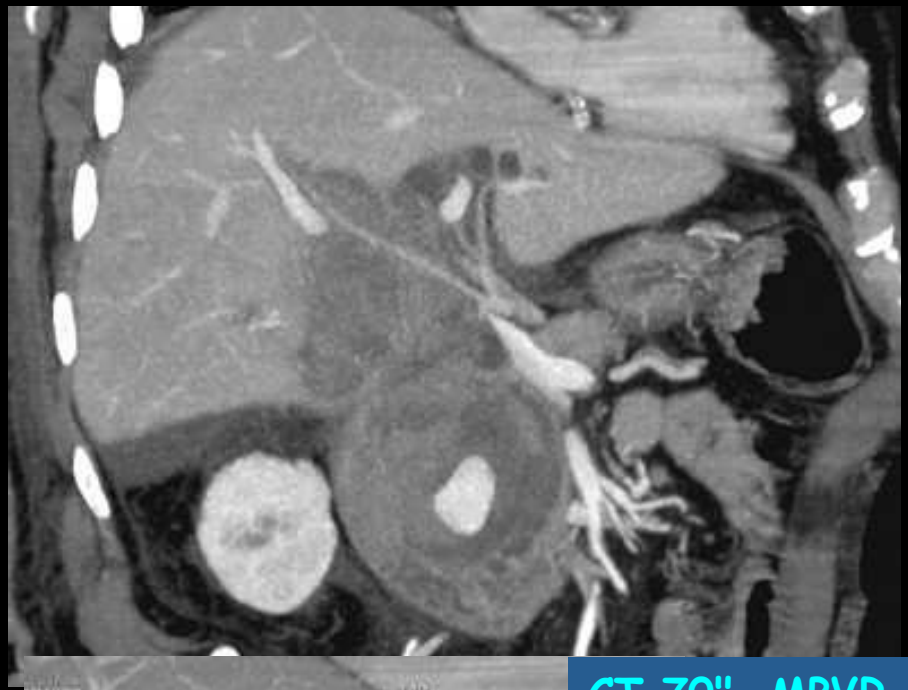
complications d'une pancréatite aiguë

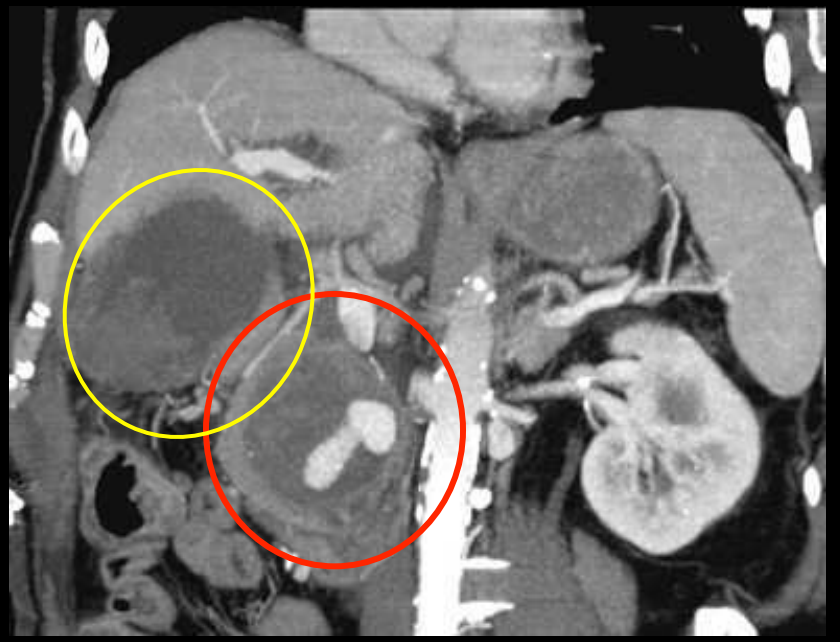


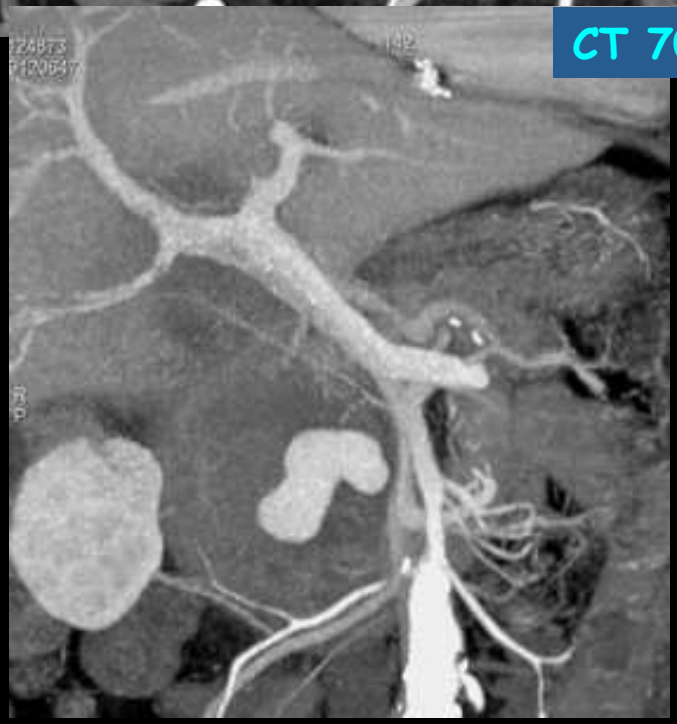



pancréatite aiguë + faux anévrysme

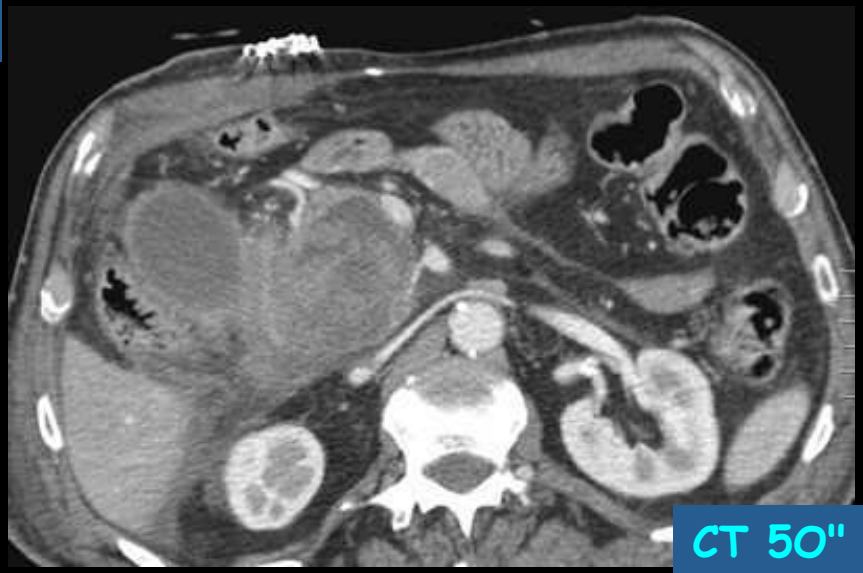
obs. M Zins Hôpital St Joseph Paris





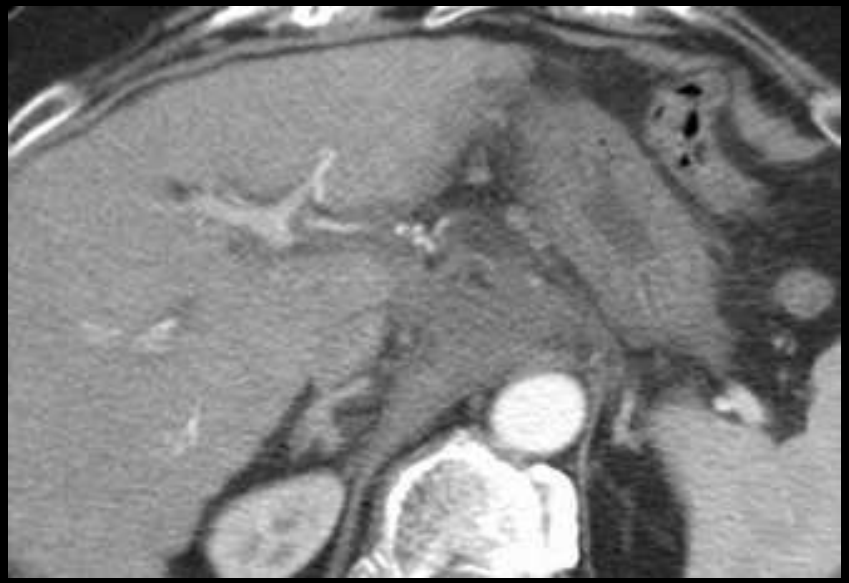


CT 70" MPVR



CT 50"

très gros faux anévrysme compliquant un pseudo kyste céphalique bilobé.



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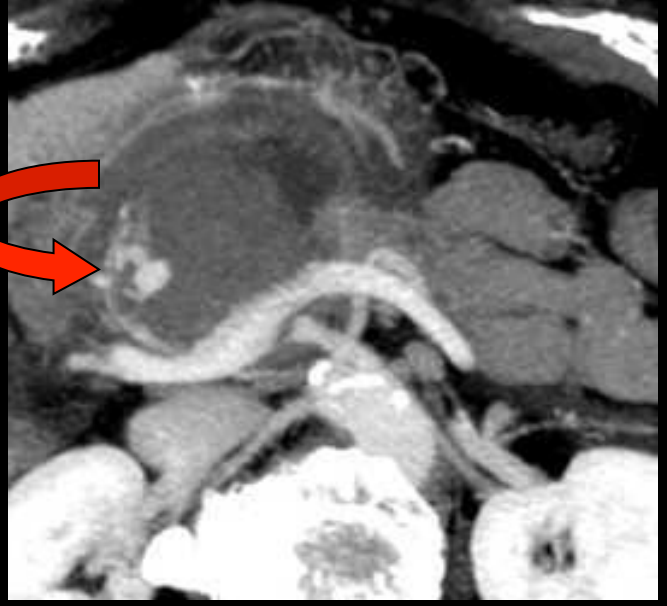

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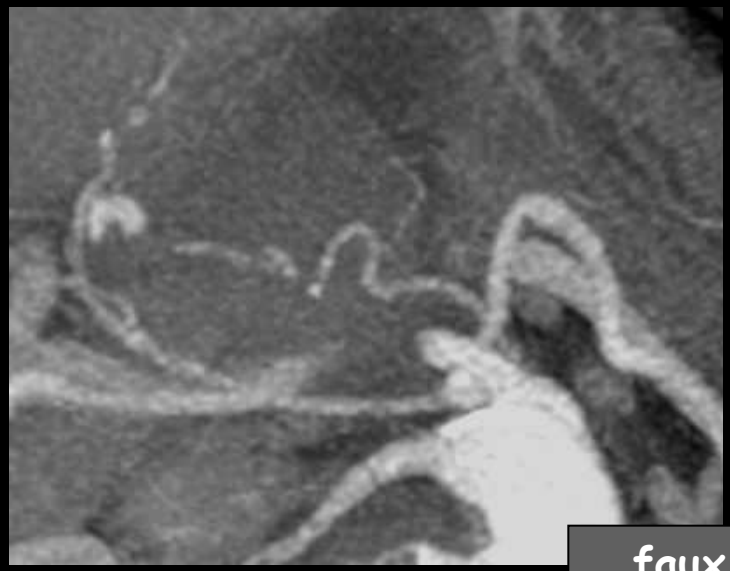
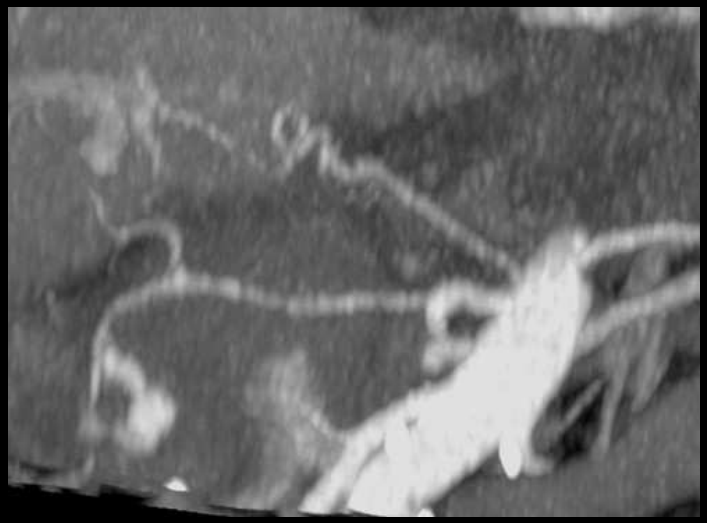
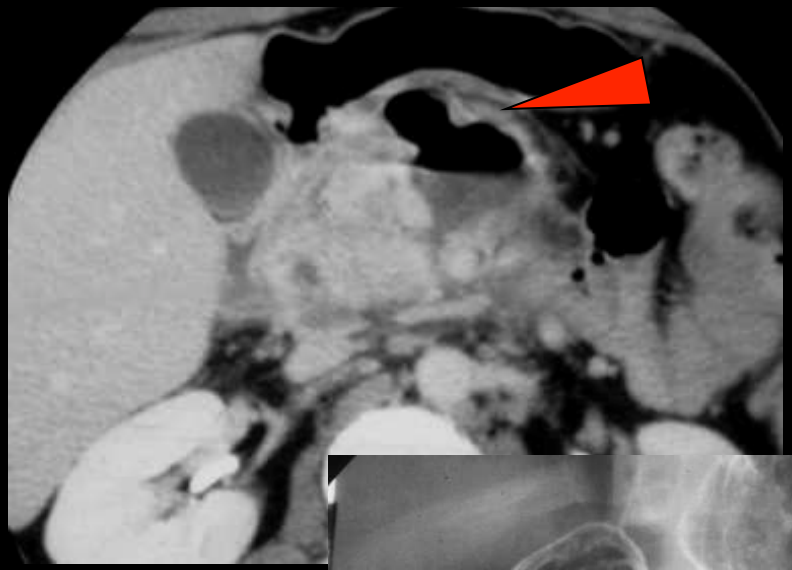
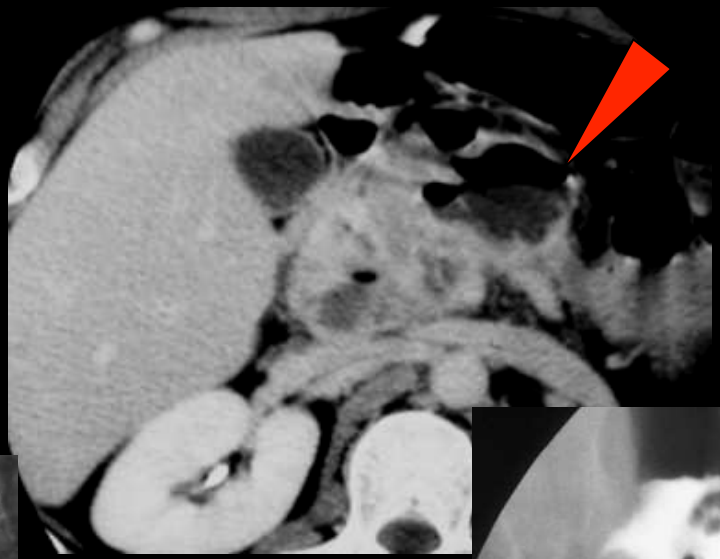


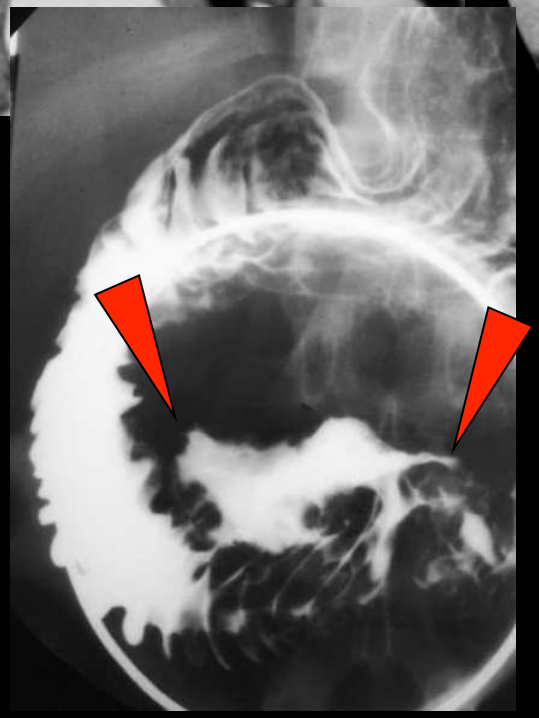
MPVR 50"

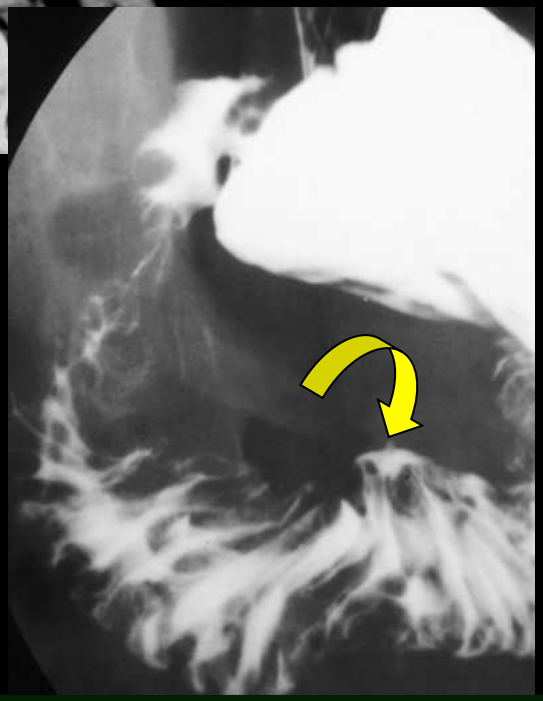


faux kyste hémorragique ; faux anévrysme d'une branche pancréatico-duodénale



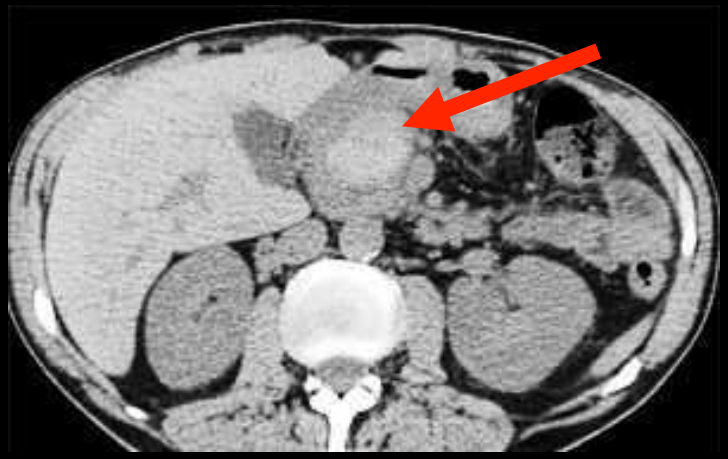
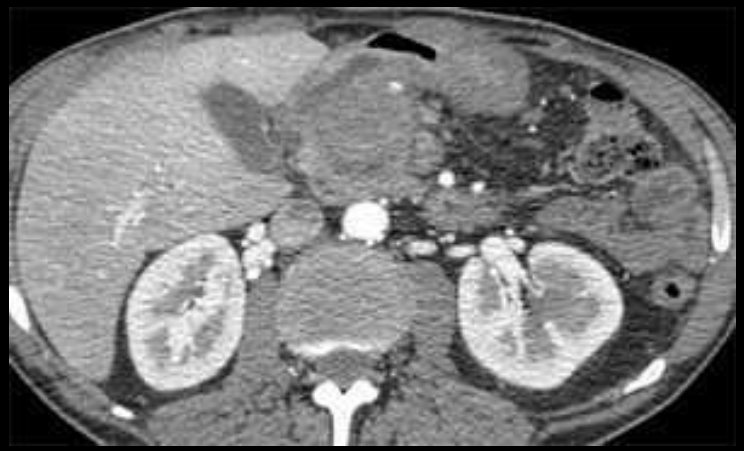
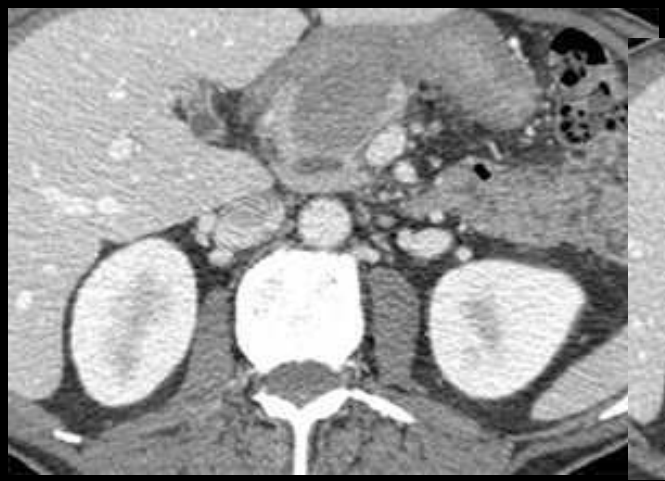
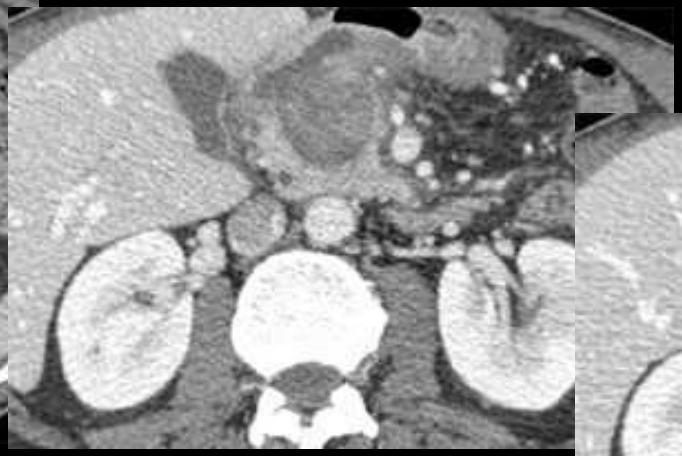
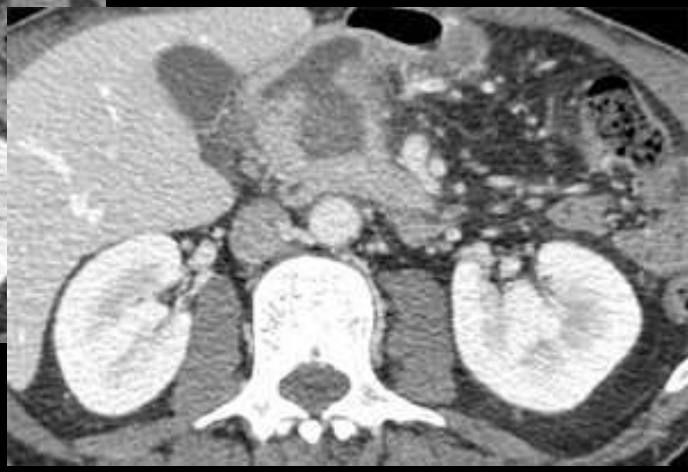
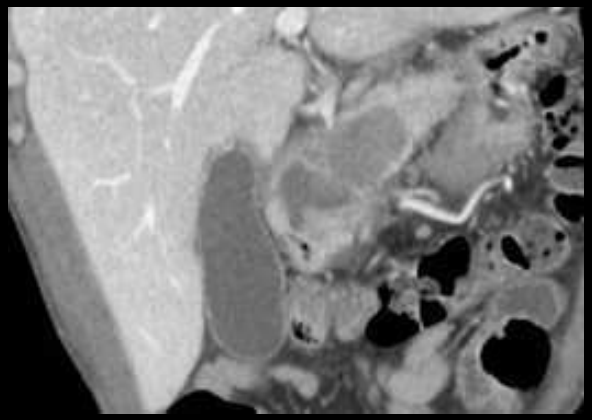
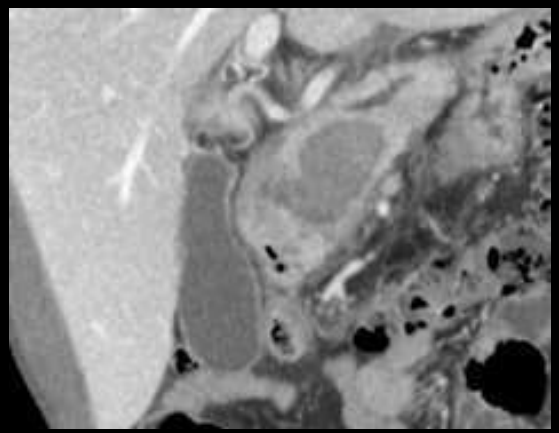






contrôle après traitement

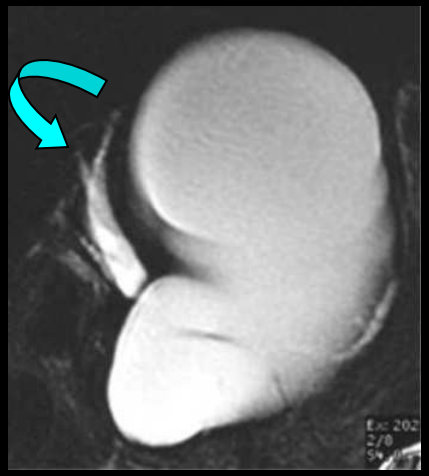
pancréatite aiguë alcoolique ; homme 38 ans
poussée aiguë avec hémorragies digestives massives

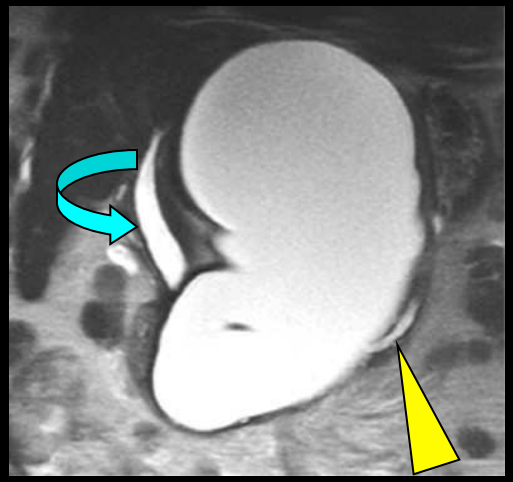








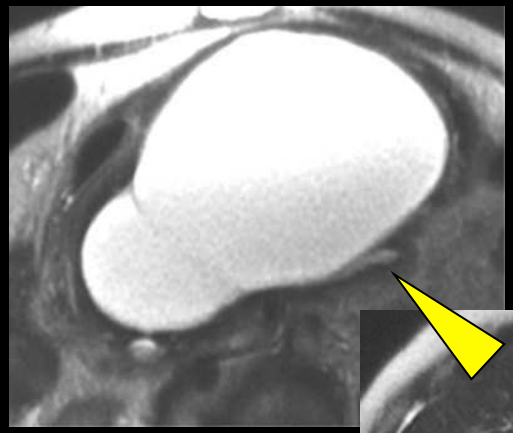
évolution en 2 semaines d'un pseudo kyste hémorragique sur PA :fistulisation gastrique

# imagerie et complications « retardées » des PA

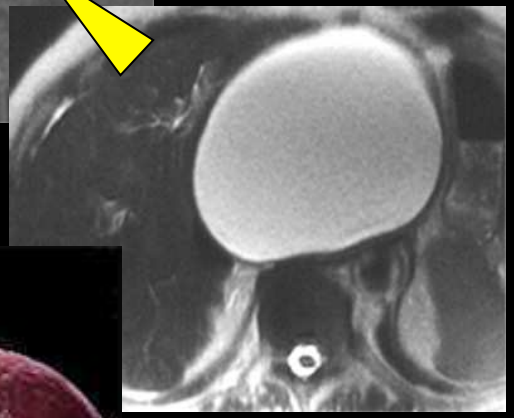
## les pseudo-kystes post nécrotiques

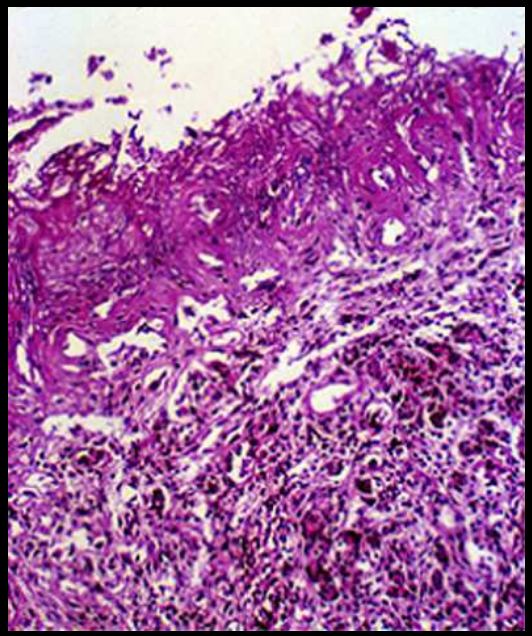


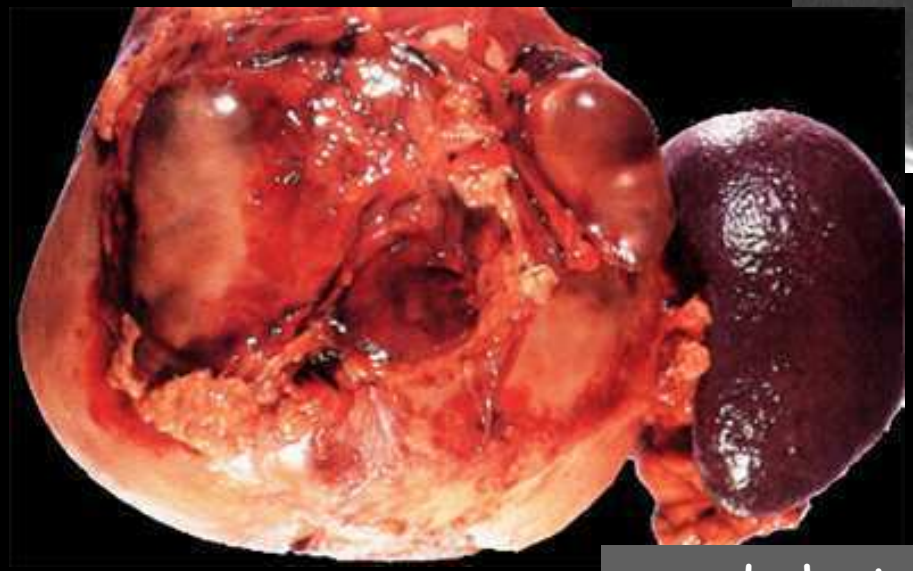




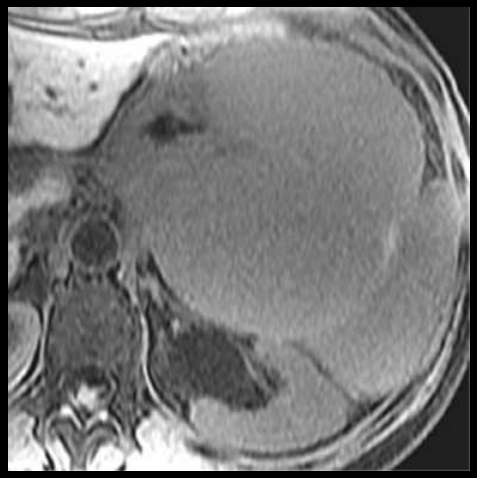
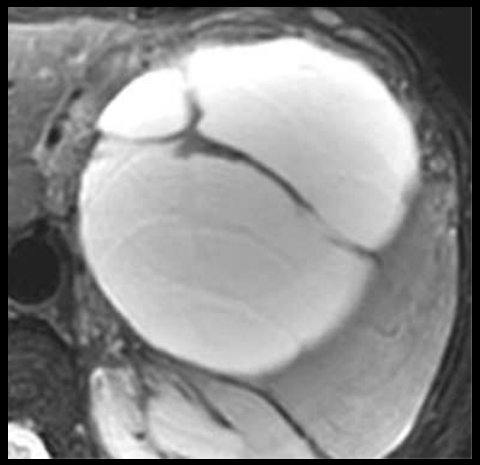
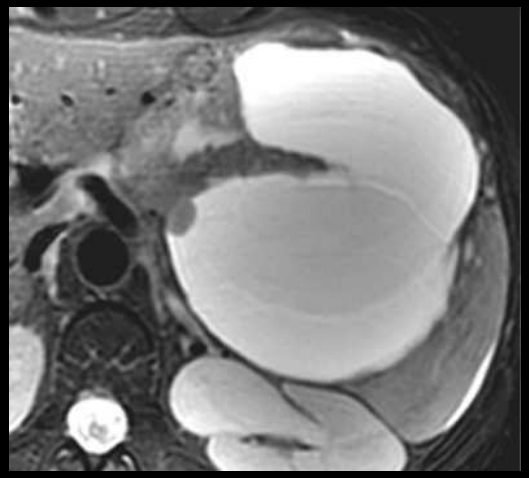
MR T2



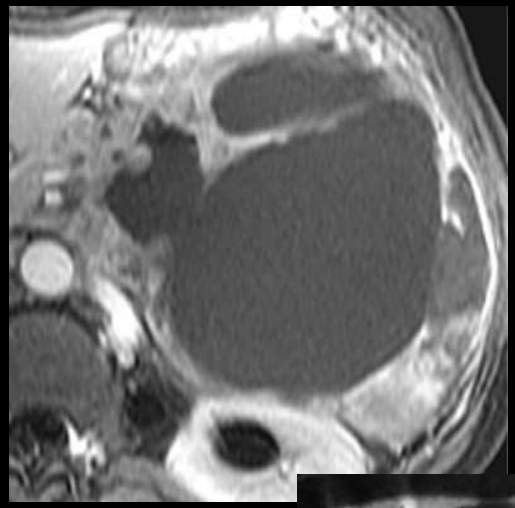
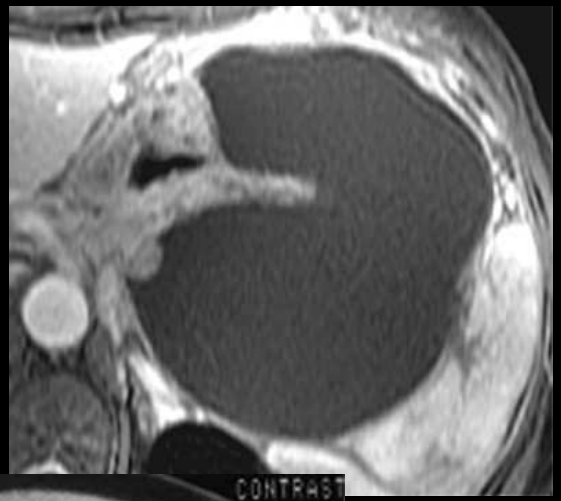
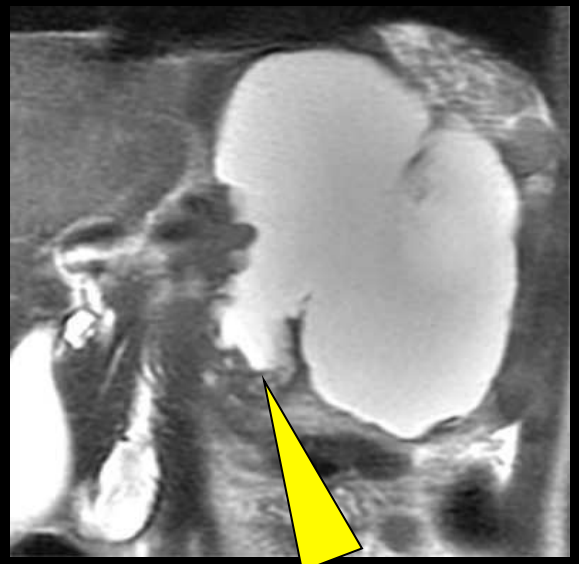




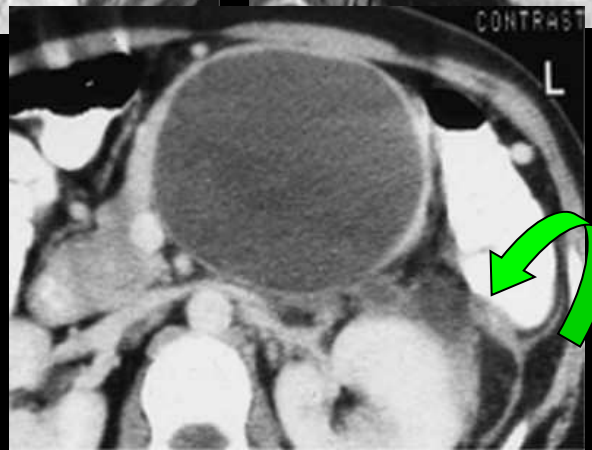
pseudo-kyste du pancréas

MR T2

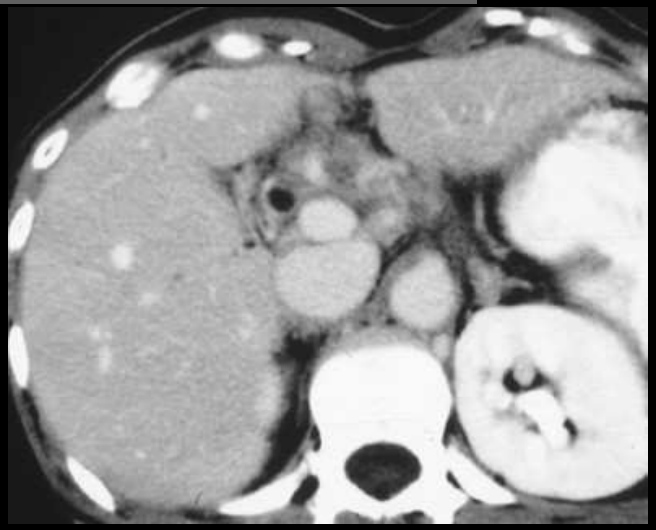
T1 1'30

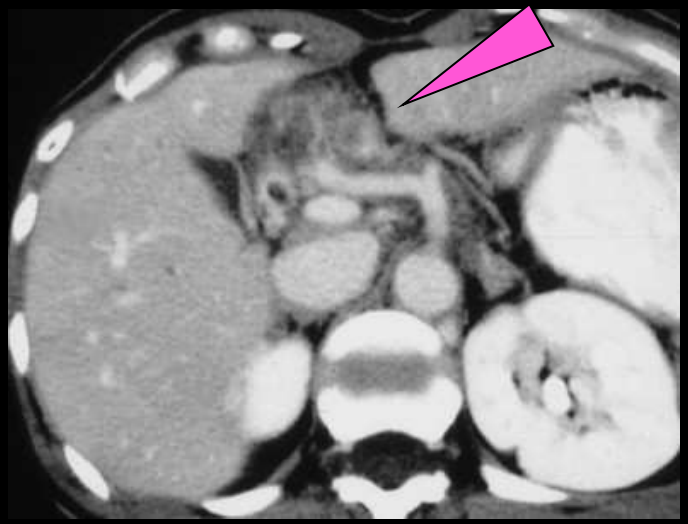


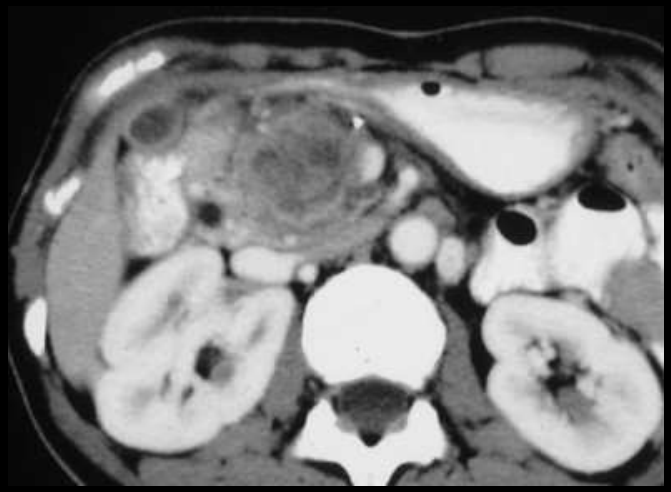

CT 1'30

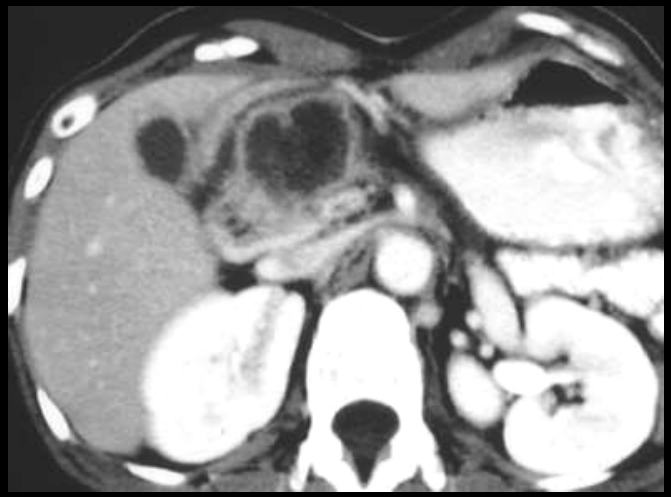
pseudo-kystes du pancréas

# attention ! ! !

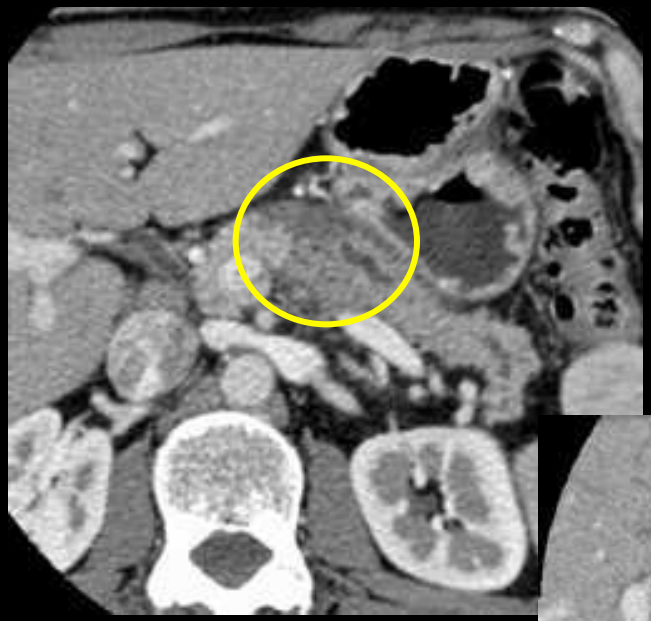




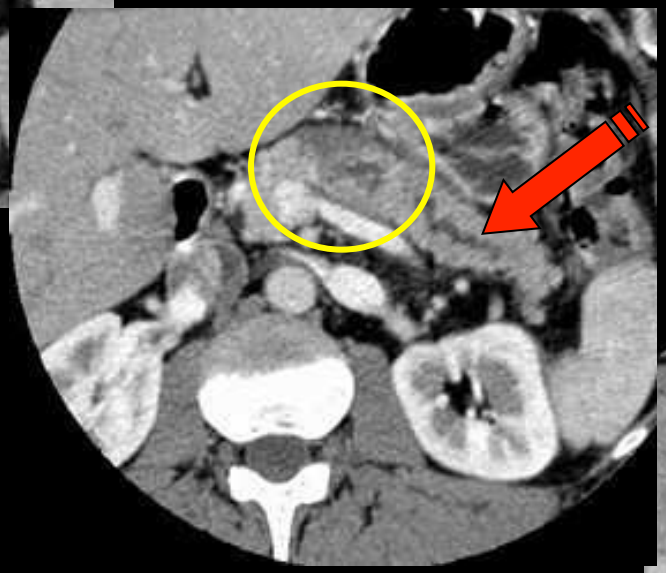


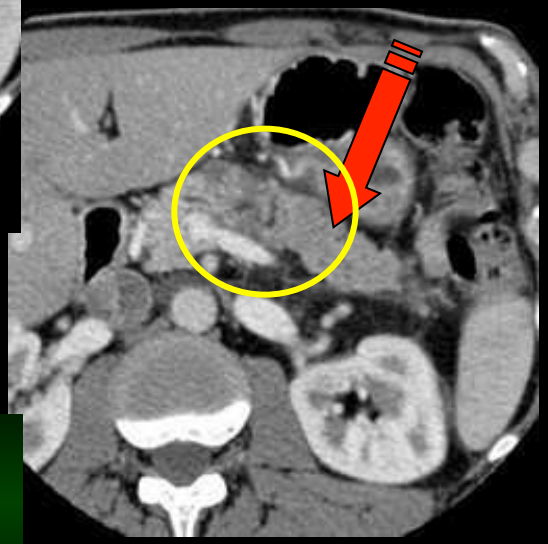


pancréatite récidivante chez une jeune femme : adénocarcinome ductal !



CT 45"





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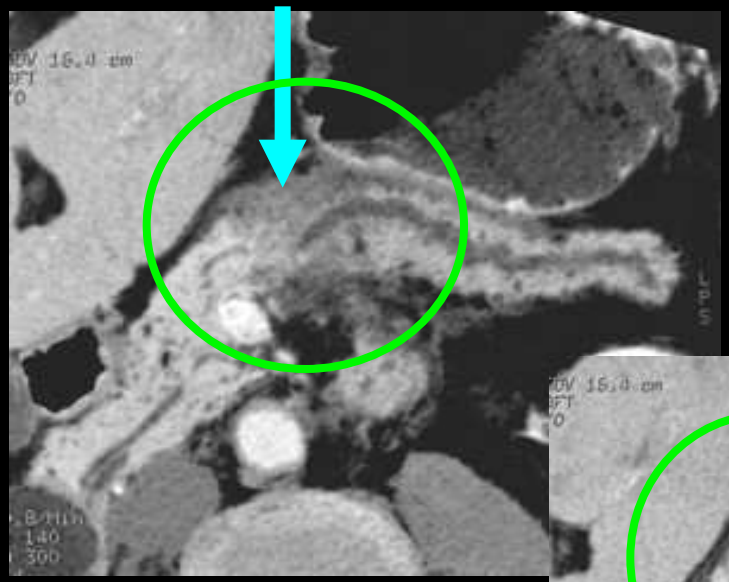
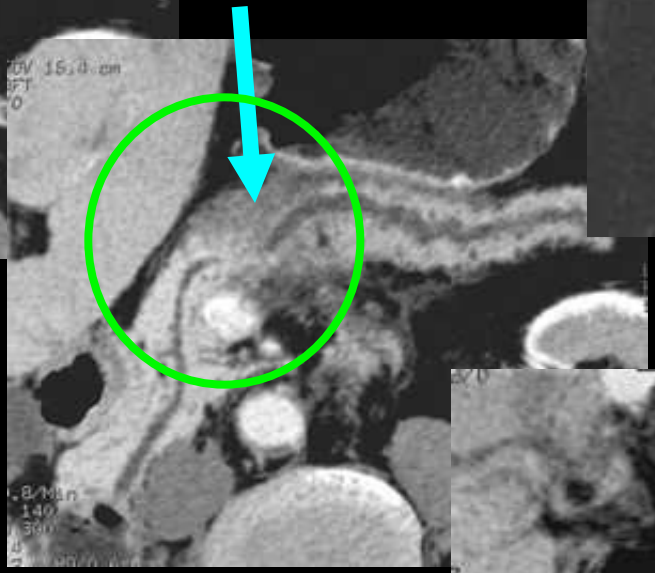
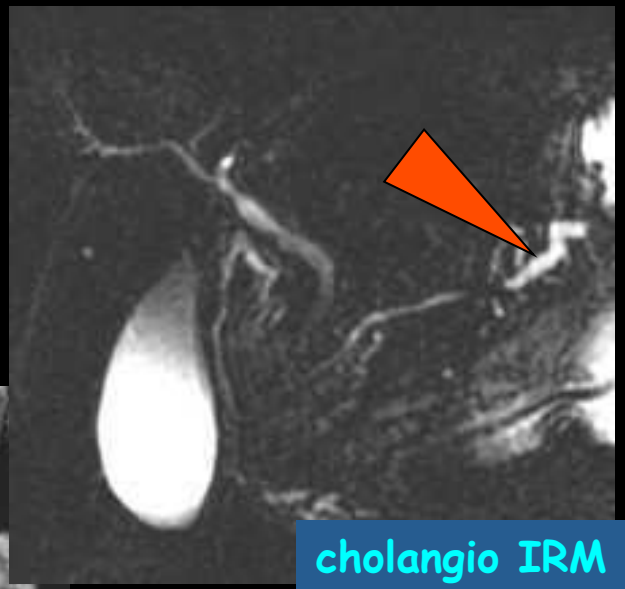
adénocarcinome ductal du pancréas corporéal sans modification des contours de la glande !
pancréatite canalaire d'amont

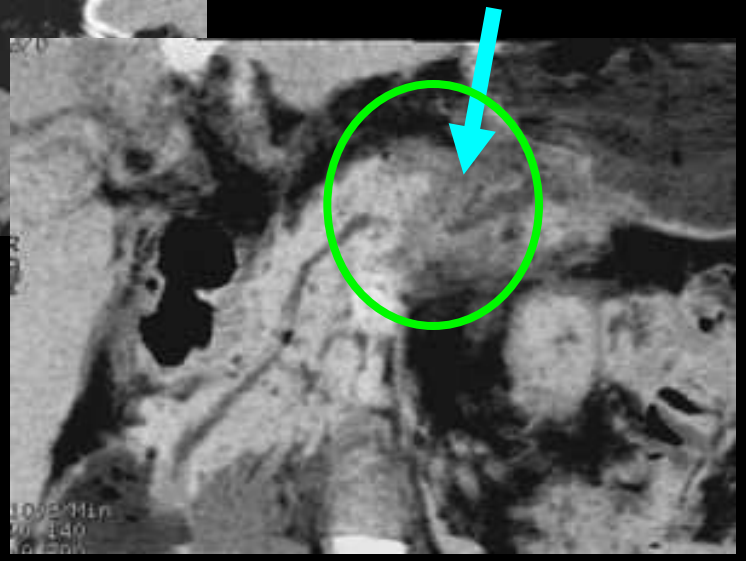






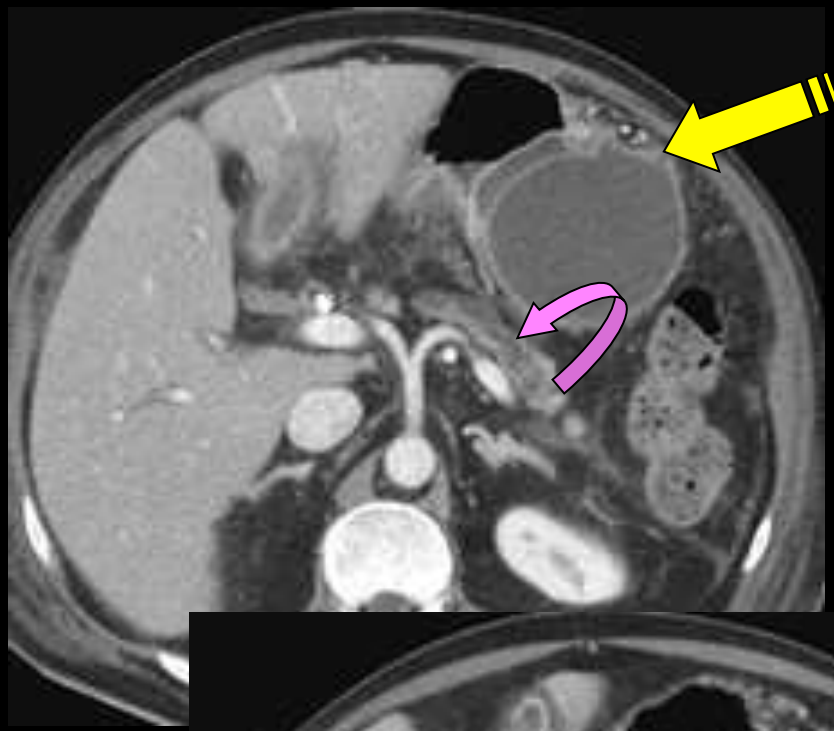
cholangio IRM

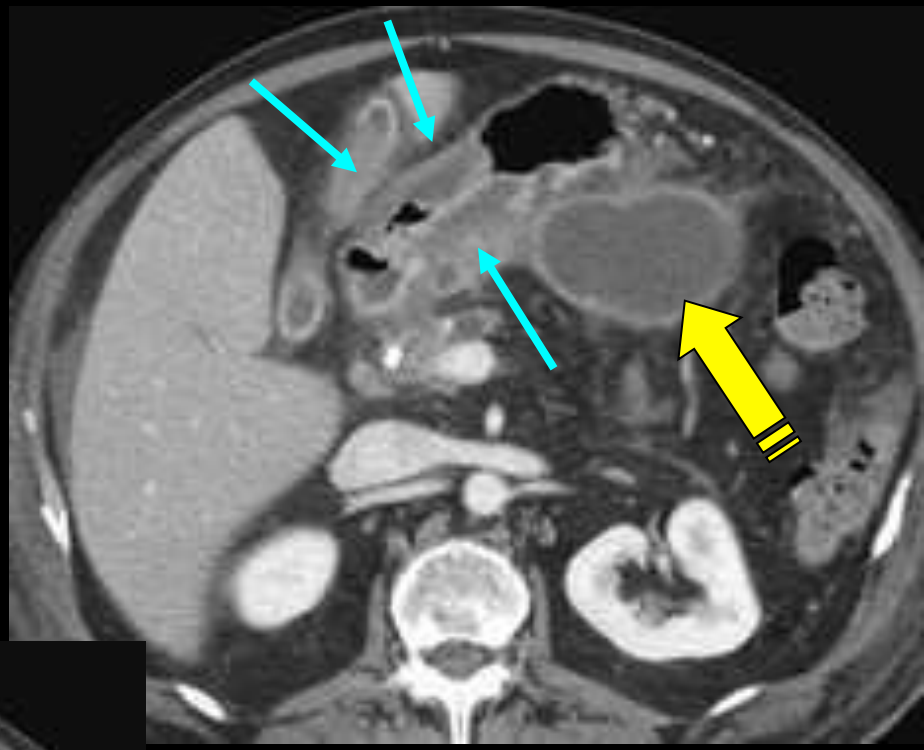
T1 50"

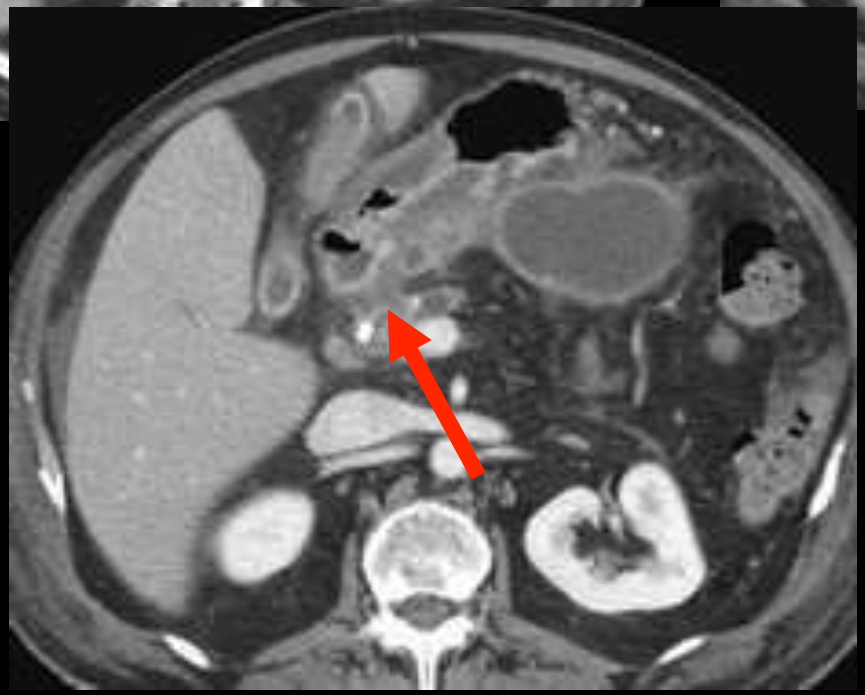


adénocarcinome ductal du pancréas isthmique et pancréatite d'amont ; image MinIP

obs. M Zins Hôpital St Joseph Paris

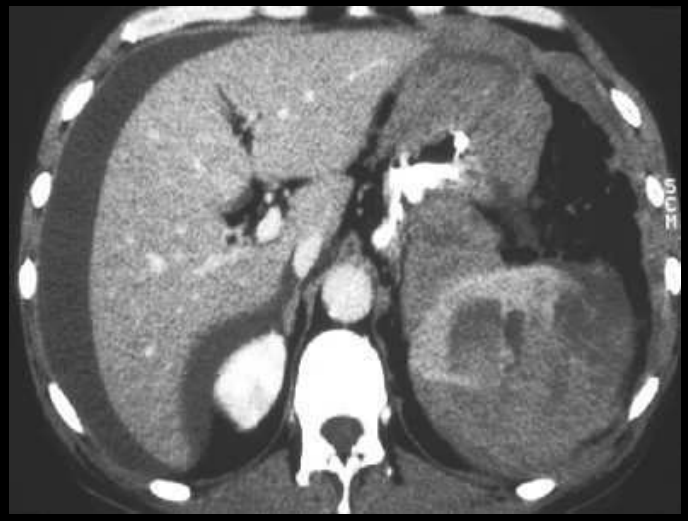


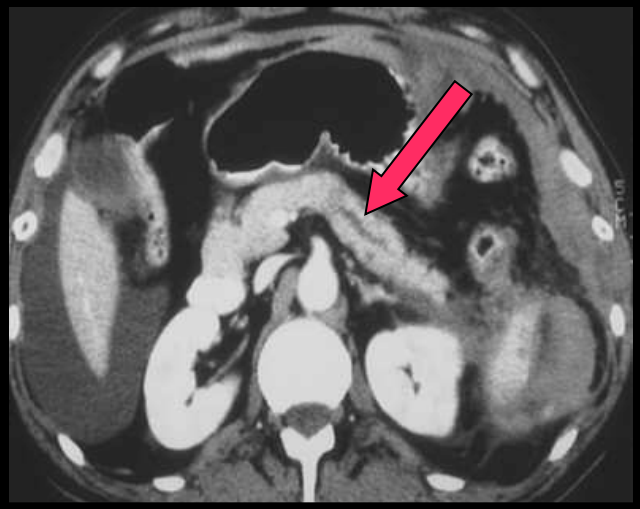


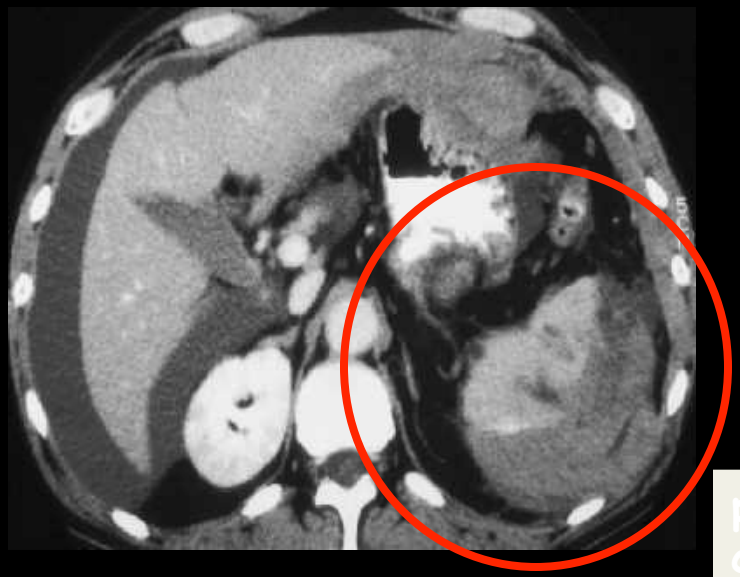


CT 70''

adénocarcinome ductal du pancréas isthmique et pseudo kyste de la cavité omentale







pancréatite aiguë avec ruptures splénique et colique gauche , symptomatiques d ' un ADK du corps du pancréas


à suivre