# "128 SLICE MDCT CLASSIFICATION OF ACUTE PANCREATITIS BASED ON REVISED ATLANTA CLASSIFICATION-A ONE YEAR HOSPITAL BASED CROSS SECTIONAL STUDY"

## BY

# Dr .CHARVI S. PATEL LALANI



**Dissertation Submitted to the** 

Rajiv Gandhi University of Health Sciences, Bengaluru, Karnataka

In partial fulfillment

of the requirements for the award of degree of

DOCTOR OF MEDICINE In RADIODIAGNOSIS

Under the guidance of

### Dr. PREETAM B. PATIL

Professor, Department of Radio-diagnosis, Sri Dharmasthala Manjunatheshwara College of Medical Sciences & Hospital, Dharwad, Karnataka



DEPARTMENT OF RADIODIAGNOSIS SRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF MEDICAL SCIENCES AND HOSPITAL, DHARWAD 2019-2020

### ABSTRACT

#### **BACKGROUND:**

Acute pancreatitis is one of the most common gastrointestinal causes of hospital admission. Imaging, particularly CECT helps in confirming diagnosis, assessing severity and complications. To standardize imaging terminologies and facilitate better treatment planning, revised Atlanta classification was introduced. Current study is conducted to classify patients with acute pancreatitis and guide management using Revised Atlanta classification with help of MDCT.

#### **OBJECTIVES OF THE STUDY:**

To comprehensively classify acute pancreatitis based on Revised Atlanta classification with the help of computed tomography.

#### **SOURCE OF DATA:**

Cases with clinical suspicion/known case of acute pancreatitis referred for MDCT scan to Department of Radio-diagnosis, SDM Medical College and Hospital,Dharwad were included. The study period was for a year from 1st January to 31st December 2018.

#### **METHOD OF COLLECTION:**

Patients with clinical suspicion of acute pancreatitis were interviewed and details like name, age, sex, clinical history and clinical examination were obtained.Cases of acute pancreatitis were classified according to Revised Atlanta classification with MDCT.

#### **RESULTS:**

Majority had interstitial edematous pancreatitis with acute peri-pancreatic fluid collection(40%), followed by interstitial edematous pancreatitis (21.25%) and Acute necrotizing pancreatitis with acute necrotic fluid collection(20%).Most of the patients (92.50%)clinically improved following conservative/surgical management.Overall the revised Atlanta classification system with CT has been excellent in guiding the management and monitoring the success of treatment.

#### **INTERPRETATION AND CONCLUSION:**

Various classification and scoring systems have been proposed for assessment of acute pancreatitis. However revised Atlanta Classification has been able to diagnose, precisely describe CT findings in acute pancreatitis, particularly pancreatic collections and classify them accordingly which helps in treatment planning.