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ENTERAL AND PARENTERAL NUTRITION IN ACUTE PANCREATITIS

Abstract: Adequate nutritional support can be a major medical problem in acute pancreatitis. Patients with mild to moderate form of AP may resume a normal diet and nutritional support is not required, as they have a disease which is short lived. However, in patients with severe form of AP, nutritional support is mandatory, due to prevention of catabolism, large nitrogen losses, malnutrition hypovolemia and other pathophysiological mechanisms that worsen the prognosis. The enteral nutritional has the advantage here, because it maintains the integrity of mucosa which may diminish intestinal permeability to endotoxin and diminish bacterial translocation. Besides that it is cheaper and associated with less complications and applied via jejunum does not stimulate pancreatic secretion. The total parenteral nutritional (TPN) is recommended in patients with the severe form of AP and complications like fistulas and prolonged ileus. During the course of AP a decrease in pancreatic blood flow may occur due to sequestration of fluid and hypovolemia. Therefore early fluid resuscitation in AP is of vital importance. Substrates and energy value of nutrients are also important, because during the course of AP there may be an increase in the basal metabolism, as well as metabolic changes. Lower glucose tolerance due to decrease in insulin sensitivity and impairment in insulin secretion, can be corrected by exogenous insulin administration. Nevertheless, the transjejunal route of glucose or malnutrition due to pancreatic fistula and alcoholism, providing of adequate quantities of amino acids is essential besides that, glutamine is the major fuel for enterocytes. The administration of lipids either by i.v. route or jejunal route is safe with monitoring of their blood levels.

Key words: acute pancreatitis, enteral nutritional, infections, fluid resuscitation, nutrients.