

CASE REPORT FORM
ACUTE BILIARY PANCREATITIS
ESGE STUDY EUROBIL 1

Name or initials:

Date of birth:

Age:

Gender: M / F

Case number:

Center:

Randomized: rapid / conventional

1. ADMISSION

Admission date:

Time:

Clinical history

Onset of pain (hours before admission):

Severity of pain on scale 1 (none) to 10 (maximum):

Fever: Y / N

Ethanol: Y / N

Quantity:

Medications:

Cholecystectomy: Y / N

Past medical history:

ASA group:

Abdominal CT with contrast IV injection (within 48 hours of admission, if possible before ERCP):

Performed.....hours after admission

Balthazar score: A / B / C / D / E (see addendum)

% of necrosis (pancreatic parenchyma with enhancement of ≤ 30 UH):

none / <33% / 33-66% / > 66%

Gallbladder:

Biliary tract:

Prophylactic antibiotics:

Initiate if CRP ≥ 12 mg/dl or if suspicion of necrosis

Choice of regimen: according to usual protocol

Criteria for severe acute pancreatitis (Imrie criteria-use highest value in 48 hours):

Age > 55 years	<input type="checkbox"/>
WBC > 15000/mm ³	<input type="checkbox"/>
Glucose > 180 mg/dl or > 10 mmol/l	<input type="checkbox"/>
Urea > 45 mg/dl or > 16 mmol/l	<input type="checkbox"/>
Albumin < 3.2 g/dl or <32 g/dl	<input type="checkbox"/>
Calcium < 8 mg/dl or < 2 mmol/l	<input type="checkbox"/>
LDH > 600 UI	<input type="checkbox"/>
PaO ₂ < 60 mmHg or < 8 kPa	<input type="checkbox"/>
Number of criteria	

< 3 criteria : mild

≥ 3 criteria: severe

Criteria for biliary acute pancreatitis: (One “no” excludes patient)

	YES	NO
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Lipase > 2 x Normal	<input type="checkbox"/>	<input type="checkbox"/>
At least one of the following:	<input type="checkbox"/>	<input type="checkbox"/>
- Suspected stone or dilated CBD on CT / US		
- ALT > 2 x Normal (not due to liver disease)		
- Increased ALP (not due to liver disease)		
- Total bilirubin > 3 mg/dl (not due to liver disease)		

Exclusion criteria: (one “yes” excludes patient)

	YES	NO
No informed consent	<input type="checkbox"/>	<input type="checkbox"/>
Age < 18 year	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Other cause of acute pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>
Pain onset > 48 hours before admission	<input type="checkbox"/>	<input type="checkbox"/>
Past history of pancreatobiliary/gastric surgery (apart cholecystectomy)	<input type="checkbox"/>	<input type="checkbox"/>
Underlying chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>
PTT < 75% or INR > 1.5 or APTT > 35 sec or clopidogrel / ticlopidin therapy	<input type="checkbox"/>	<input type="checkbox"/>
Severe cholangitis with septic shock	<input type="checkbox"/>	<input type="checkbox"/>
Immunocompromized patients	<input type="checkbox"/>	<input type="checkbox"/>

4. ERCP COMPLICATIONS (see addendum)

Bleeding: N / Mild / Moderate / Severe

Perforation: Y / Mild / Moderate / Severe

Infection: Y / Mild / Moderate / Severe

5. DAY 1 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

6. DAY 2 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

WBC, Hb		Glucose	
electrolytes		Calcium	
Urea/Creatinine		CRP	
ASAT/ALAT		Total Bilirubin	
ALP		Amylases/Lipases	
LDH		Albumin	

5cc for cytokine evaluation: Y / N

7. DAY 3 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

WBC, Hb		Glucose	
electrolytes		Calcium	
Urea/Creatinine		CRP	
ASAT/ALAT		Total Bilirubin	
ALP		Amylases/Lipases	
LDH		Albumin	

5cc for cytokine evaluation: Y / N

Local complications: Y / N

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Systemic complications: Y / N

.....

Further therapy: endoscopy / radiology / surgery

Mortality: Y / N

8. DAY 5 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

WBC, Hb		Glucose	
electrolytes		Calcium	
Urea/Creatinine		CRP	
ASAT/ALAT		Triglycerides	
ALP		Ethanol	
LDH		Albumin	
Amylases/Lipases		Total proteins	
Total Bilirubin		Blood cultures	

5cc for cytokine evaluation: Y / N

Local complications: Y / N

.....

Systemic complications: Y / N

.....

Further therapy: endoscopy / radiology / surgery

Mortality: Y / N

9. DAY 7 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

WBC, Hb		Glucose	
electrolytes		Calcium	
Urea/Creatinine		CRP	
ASAT/ALAT		Triglycerides	
ALP		Ethanol	
LDH		Albumin	
Amylases/Lipases		Total proteins	
Total Bilirubin		Blood cultures	

5cc for cytokine evaluation: Y / N

Local complications: Y / N

.....

Systemic complications: Y / N

.....

Further therapy: endoscopy / radiology / surgery

Mortality: Y / N

10. DAY 14 AFTER ADMISSION

ICU: Y / N BP: mmHg HR: /min T°

Pain (1-10): Ileus: Y / N

Antibiotics: Y / N Nutrition: NPO / EN / PN

WBC, Hb		Glucose	
electrolytes		Calcium	
Urea/Creatinine		CRP	
ASAT/ALAT		Triglycerides	
ALP		Ethanol	
LDH		Albumin	
Amylases/Lipases		Total proteins	
Total Bilirubin		Blood cultures	

5cc for cytokine evaluation: Y / N

Local complications: Y / N

.....

Systemic complications: Y / N

.....

Further therapy: endoscopy / radiology / surgery

Mortality: Y / N

11. 1 MONTH AFTER ADMISSION

Local complications: Y / N

Further treatment: No / Endoscopy / Radiology / Surgery

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Systemic complications: Y / N.....

Mortality: Y / N

12. 3 MONTHS AFTER ADMISSION

Local complications: Y / N

Further treatment: No / Endoscopy / Radiology / Surgery

.....

Systemic complications: Y / N.....

Mortality: Y / N

13. 6 MONTHS AFTER ADMISSION

Local complications: Y / N

Further treatment: No / Endoscopy / Radiology / Surgery

.....

Systemic complications: Y / N.....

Mortality: Y / N

14. OVERALL OUTCOME

Total length of stay: days

ICU length of stay: days

Local complications: Y / N

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Systemic complications: Y / N

.....

Mortality: Y / N

Date of death:

Cause of death:

ADDENDUM

Balthazar classification

A: Normal

B: "intrinsic pancreatic changes"

C: "Intrinsic and extrinsic pancreatic changes, Mild inflammatory changes of the peripancreatic soft mass"

D: "Extrinsic pancreatic changes with more than one pancreatic fluid collection"

E: "Multiple or extensive extrapancreatic fluid collections or abscess"

Bleeding as a complication of ERCP:

"mild": Hb decreases less than 3 g/dL, no transfusion necessary

"moderate": transfusion of ≤ 4 RBC units, no surgery nor arteriography

"severe": transfusion of at least 5 RBC units or surgery or angiographic intervention

Perforation as a complication of ERCP

"mild": possible or minimal, treated medically for < 3 days

"moderate": definite perforation treated medically for 4 – 10 days.

"severe": definite perforation treated medically for more than 10 days or surgery

Infection as a complication of ERCP

"mild": $t^{\circ} > 38^{\circ}\text{C}$ for 1-2 days

"moderate": fever or septic illness for more than 3 days or endoscopic/percutaneous intervention

"severe": septic shock or surgery

Degree of difficulty according to Schutz classification:

Grade 1: Simple diagnostic ERCP
(standard diagnostic cholangiogram)

Grade 2: Simple therapeutic ERCP
(standard biliary sphincterotomy, removal of 1-2 small CBD stones (< 1 cm), NBC)

Grade 3: Complex diagnostic ERCP
(diagnostic cholangiogram, Billroth II anatomy, biliary cytology)

Grade 4: Complex therapeutic ERCP
(More than 2 or large ≥ 1 cm CBD stones, cystic duct stone removal, CBD dilation or stenting)

Grade 5: Very advanced ERCP
(precut BS, stone removal with ML, intrahepatic stone removal, Billroth II anatomy)