The pancreas is an organ in the middle of the upper abdomen, close to the first part of the small intestine, the duodenum. It produces specialized proteins called enzymes that are important in the digestion of proteins, fats, and sugars. The pancreas also produces insulin and other hormones important in maintaining normal blood sugar levels.

What is pancreatitis?
Pancreatitis is an inflammation, or swelling, of the pancreas. Causes of pancreatitis include gallstones and toxins such as excessive alcohol. In children, common causes include viruses and other infections, medications, congenital malformations and other inherited conditions, and trauma to the abdomen. In 1 out of 4 childhood cases, a cause is never found.

What are the symptoms of pancreatitis?
Inflammation of the pancreas is often associated with pain in the upper abdomen and/or the back which may develop slowly, be mild and of short duration, or be sudden in onset, more severe and longer lasting. Nausea and vomiting are very common, fever and jaundice may be present.

How is pancreatitis diagnosed?
When pancreatitis is suspected, laboratory tests search for higher than normal levels of some of the proteins produced by the pancreas, such as “amylase” and “lipase”. An abdominal ultrasound (sonogram) or a CAT scan (computer tomography) of the abdomen can help show the inflammation and swelling of the pancreas and surrounding tissues. Once pancreatitis is diagnosed, other blood tests are done to search for a cause and to look for any complications due to the inflammation.

Repeated inflammation of the pancreas is rare, but when it occurs it may lead to chronic problems with digestion, diabetes, and recurrent or persistent pain. In these cases, additional specialized tests such as an ERCP (endoscopic retrograde cholangiopancreatography) or MRCP (magnetic resonance cholangiopancreatography) may be required. An ERCP consists of the passage of a narrow flexible tube with a camera and a light through the mouth down inside the small intestine to look at the bile duct and pancreatic duct. More recently an MRCP has become available where the radiologist uses a special camera to examine the bile duct, gallbladder and pancreas.

How is pancreatitis treated?
Treatment mainly consists of putting the pancreas to rest (i.e. no eating or drinking) and relieving any associated pain. Initially, an intravenous line (IV) is placed to give fluids and medications. A nasogastric tube (a small flexible tube introduced via the nose into the stomach) may be placed to suck fluid from the stomach. Typically, food is reintroduced within a few days, either by mouth or through the nasogastric tube. Most people, children in particular, recover within a week, with no permanent damage to the pancreas.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.