

The dark side of pancreatitis – internal and critical care views on the management of complications associated with acute pancreatitis

Acute pancreatitis is a common disease in cats and dogs. Episodes of pancreatitis can range from mild and self-limiting to a severe and life-threatening condition. Management of uncomplicated cases is straightforward and focuses on fluid therapy, correction of acid-base and electrolyte disorders, analgesia, and nutrition. However, when faced to the dark side of pancreatitis, the internist and the intensivist must join forces to fight complications. Possible complications associated with pancreatitis include obstruction of the bile duct, development of abscesses, pseudocysts or necrosis, systemic inflammation, multi-organ dysfunction syndrome, and disseminated intravascular coagulation. In this joint lecture based on the presentation of selected cases, an internist and an intensivist will exchange on the management of pancreatitis and highlights possible pitfalls and associated complications. Focus will be on the diagnosis and therapeutic approach of extra-biliary tract obstruction through a discussion on ultrasound-guided cholecystocentesis and biliary stent placement. We will also talk about disseminated intravascular coagulation and management of thrombotic complication, with a discussion on when and how to use antithrombotic in acute pancreatitis.

Learning objectives:

- Recognize possible complications of acute pancreatitis
- Describe the possible treatments and associated risks of extra-hepatic biliary tract obstruction in pancreatitis
- Identify when the use of antithrombotic should be considered in acute pancreatitis
- Describe management of thrombotic complications in pancreatitis

Life-threatening endocrine emergencies – internal and critical care views on the management of complications associated with diabetic ketoacidosis and hypoadrenocorticism

Through the presentation of clinical cases, this lecture will cover life-threatening complications and common pitfalls related to two common endocrine conditions, i.e. diabetic ketoacidosis and hypoadrenocorticism. The views of both an intensivist and an internist will be shared to optimized management strategies in the acute as well as chronic phases of the conditions. Concerning diabetic ketoacidosis, aspects related to fluids therapy, bicarbonates administration, glycemia monitoring alternatives, choice of insulin protocol in the acute and long-term phase will be discussed. As for hypoadrenocorticism, topics covered will include: the use of basal cortisol for exclusion purposes, atypical Addisonian, fluid therapy including correction of acid-base and electrolytes as well as novelty concerning mineralocorticoids supplementation.

Learning objectives:

- Recognize possible complications of diabetic ketoacidosis
- Understand the benefits and limitations of continuous glucose monitoring
- Describe the various insulin protocols available to treat DKA
- Recognize possible complications of hypoadrenocorticism
- Describe the treatment options of hypoadrenocorticism in the acute and long-term phase