INTRODUCTION

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Chronic pancreatitis has a pathogenesis and clinical course that is different from acute pancreatitis. Whereas in acute pancreatitis no permanent damage to the gland typically occurs, in chronic pancreatitis there is a progressive loss of pancreatic structure and function *(Steer, 1989).*

Although alcoholism is the most common cause of chronic pancreatitis, many patients, including young women and elderly, present with an idiopathic form. The most common cause of chronic pancreatitis in children is cystic fibrosis *(Clain, 1999).*

A firm diagnosis is often difficult to establish in patients with chronic pancreatitis. Patients often present with intermittent flares of chronic pain. Exocrine and endocrine insufficiency is seen later. Further along in the course, patients manifest diarrhea, weight loss, and diabetes mellitus. Chronic pain is the most common complaint, seen in over 80% of patients. The pain is epigastric and nonspecific, may radiate to the back and occasionally is relieved by a stooped posture for unclear reasons *(Nicolau, 1991).*

Serum pancreatic enzymes, such as amylase and lipase are typically normal, even if severe pain is present. Recently, several fecal tests have been described as being more specific for the diagnosis of chronic pancreatitis, including fecal chymotrypsin and fecal elastase, their sensitivity is almost 90% in advanced disease but is less sensitive (40% - 60%) when the disease is mild to moderate *(Ammann, 1996).*

In the absence of useful and accurate test of pancreatic function, the diangosis of chronic pancreatitis has depended on identification of abnormalities of pancreatic structure. ERCP has become the gold standard for the diagnosis of chronic pancreatitis and provides excellent anatomic evaluation. The sensitivity of ERCP approaches 95%.

Advances in magnetic resonance (MR) imaging have made it possible to evaluate pancreatic ducts by magnetic resonance cholangiopancreatography (MRCP) with accuracy approaching that of ERCP. Endoscopic ultrasound (EUS), however can provide information regarding the pancreatic parenchyma and the pancreatic ducts early. EUS and ERCP are equally sensitive in the diagnosis of chronic pancreatitis *(Yamaguchi, 1998).*

As most cases of chronic pancreatitis are caused by alcohol abuse, the importance of discontinuing alcohol cann't be overstated.

In most patients, the pancreas will "burnout" over time, resulting in resolution of pain. It is difficult however, to predict the length of time for this process to occur. Patients with chronic pancreatitis should therefore be treated with analgesics episodically or continually, depending on symptoms *(Ammann, 1981).*

Treatment of patients suffering from chronic pancreatitis remains a major challenge. Despite advances in conservative and operative treatment of patients with chronic pancreatitis, current therapeutic concepts aim at alleviating pain and at management of organ complications.

A causal therapy of chronic pancreatitis is still not available *(Warshaw, 1994).*