Introduction

Acute pancreatitis is an inflammatory disease of pancreas which comes from various etiologies. The pathologic spectrum of acute pancreatitis varies from mild edematous pancreatitis to severe necrotizing pancreatitis. To diagnose and to predict severity in acute pancreatitis, various biochemical markers, imaging modalities and clinical scoring system are needed. Ideal parameters should be accurate, be performed easily and enable earlier assess**.[Lee HS.,2005]**

Acute pancreatitis is a common abdominal emergency with no specific treatment. Pancreatic necrosis may complicate severe attacks, detectable by computed tomography (CT). Necrosis can become infected, making surgical intervention necessary and increasing mortality to more than 40%.**[Villatoro E.,et al.,2006]**

Today, treatment of acute pancreatitis is mainly conservative and surgery is on the retreat. Infection of pancreatic necrosis is still the main risk factor of morbidity and mortality in the course of necrotizing disease. A prophylactic treatment with antibiotics can reduce both infectious complications and mortality**. [Werner J.,2006]**

Surgical treatment of severe necrotizing pancreatitis (SNP) is still controversial, inadequate indications and timing of operations being associated with high rates of mortality and morbidity.**[Funariu.,et al.,2006]**

Infected pancreatic necrosis is associated with high morbidity and mortality and is mandatory for surgical or radiological intervention. **[Sivasankar A,.et al.,2006]**

It is a probably no exaggeration to state that there was a valuable and remarkable advancement in the medical field in the last few decades – which is still in progress.

This advancement had greatly improved our knowledge about surgical diseases including incidence, predisposing factors, pathophysiology preventive, diagnostic and therapeutic options available for dealing with most of the surgical problems and even their complications. This make the great aim of curing of such disease came into reality or at least reducing the morbidity and mortality of the disease that took and still taking a considerable part of the research effort is acute pancreatitis and this may be due to the dreadfull complications of such condition**.[Salvin.,et al.,2001]**

Acute pancreatitis implies the presence of pancreatic inflammation and autodigestion and can be classified as follow:

- **According to aetiology :**

Biliary, alcoholic, post traumatic, metabolic, post operative due to drugs, infections, hereditary, idiopathic and etc…

- **According to severity:**

  - Acute oedematous : mild self limiting.
  - Acute persistant: unresolved with chance to develop complications.
  - Acute haemorrhagic (necrotizing) fulminant pancreatitis.

- **According to presentation:**

  - Acute pancreatitis.
  - Resolving acute pancreatitis.
  - Recurrent acute attacks.

Acute pancreatitis has a wide range of clinical presentation from mild abdominal pain to septic shock and multi-organ failure. Inspite of the marked progress in the diagnostic and therapeutic field morbidity and mortality from acute pancreatitis are still reaching high rate. Mortality rate still reaching 30% in severe acute attack hence the need for more research regarding treatment of acute pancreatitis. In this topic the use of antibiotics on a prophylactic bases seems promising.[**Bassi., et al/.2003]**

Aim of the Work

The aim of our study is to find out if the use of prophylactic antibiotics in severe acute pancreatitis will help in improving the clinical outcome by reducing the progress into infected pancreatic necrosis and thus reducing the morbidity and mortality of acute pancreatitis.