Chronic Pancreatitis

Diagnosis, etiology workup, pain management, and exocrine insufficiency care in chronic pancreatitis.

2020 ACG Clinical Guideline
Chronic Pancreatitis
Gardner et al. · Am J Gastroenterol 2020;115:322–339

GRADE · Strong Rec · Conditional Rec · Key Concept

1 Diagnosis

MODALITY	ROLE	GRADE
CT or MRI	First-line diagnostic test; EUS reserved for cases still in question after cross-sectional imaging (invasiveness/lack of specificity)	1 · Strong
s-MRCP	Consider when diagnosis remains unconfirmed after imaging/EUS but clinical suspicion stays high	2 · Conditional
Histology	Gold standard in high-risk patients with strong clinical/functional evidence but inconclusive imaging	2 · Conditional

2 Etiology & Modifiable Risk Factors

1 **Genetic testing** when the etiology is unclear despite a pancreatitis-associated disorder or possible CP — especially in **younger patients**.

1 **Alcohol cessation** in all patients with CP.

1 **Smoking cessation** in all patients with CP.

3 Management of Pain

OPTION	GUIDANCE	GRADE
Surgery	Preferred over endoscopic therapy for obstructive CP if first-line endoscopic drainage has failed or been exhausted	1 · Strong
Antioxidant therapy	Consider — benefit on pain is likely limited	2 · Conditional
Pancreatic enzyme supplements	**Not suggested** to improve pain	2 · Conditional
Celiac plexus block	Consider for pain treatment	2 · Conditional
Opiates	Only after all other reasonable therapeutic options are exhausted	Key Concept
TPIAT	Reserve for highly selected patients with refractory chronic pain after all symptom control measures fail	Key Concept

4 Exocrine Pancreatic Insufficiency & Monitoring

2 **PERT** (pancreatic enzyme replacement therapy) in patients with CP and exocrine pancreatic insufficiency to reduce complications of malnutrition.

KEY **Periodic evaluation for malnutrition**, including testing for osteoporosis and fat-soluble vitamin deficiency.

Gardner TB, Adler DG, Forsmark CE, et al. ACG Clinical Guideline: Chronic Pancreatitis. *Am J Gastroenterol.* 2020;115(3):322–339.