

# 背景介紹

## - 從急性胰臟炎開始

一位年輕的第五年住院醫師，從踏入醫院後，一直以來有個困擾

- 對於急性胰臟炎的病人，是否該積極給水



Currently, different guidelines suggest a starting fluid rate for patients with AP presenting with features of hypovolemia (Table 2) [13, 33, 34]:

- 5–10 ml/kg/h for the first 24 h until resuscitation goals are achieved [33]. Suggested goals are heart rate (HR) < 120 bpm, mean arterial pressure (MAP) > 65 mmHg, urinary output (UO) > 0.5 ml/kg/h, and Ht 35–44%.
- 250–500 ml/h of isotonic crystalloid for the first 12–24 h, with little benefit beyond this time period and with the goal to decrease BUN and Ht [13].
- 150–600 ml/h in patients with shock or dehydration, until MAP > 65 mmHg and UO > 0.5 ml/kg/h, and 130–150 ml/h in patients without severe signs of hypovolemia [34].

Crosignani et al. *Annals of Intensive Care* (2022) 12:98  
<https://doi.org/10.1186/s13613-022-01072-y>



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## Fluid and Electrolytes

### CLINICIANS' PRACTICE POINT

Aggressive fluid hydration is recommended by several professional organizations, but a study published more recently than existing guidelines (WATERFALL trial) suggests that aggressive hydration may not improve pancreatitis-related outcomes but increases complications due to fluid overload.

- American College of Gastroenterology (ACG) recommendations<sup>1</sup>
  - assess hemodynamic status immediately upon presentation and begin resuscitative measures as needed (ACG Strong recommendation, Moderate-quality evidence)
  - provide aggressive hydration (250-500 mL/hour) to all patients in first 12-24 hours unless cardiovascular and/or renal comorbidities exist (ACG Strong recommendation, Moderate-quality evidence)
  - more rapid repletion (bolus fluids) may be needed in patients with severe volume depletion (symptoms include hypotension and tachycardia) (ACG Strong recommendation, Moderate-quality evidence)
  - lactated Ringer's solution may be preferential isotonic crystalloid replacement fluid (ACG Conditional recommendation, Moderate-quality evidence)
  - reassess fluid requirements at frequent intervals within 6 hours of admission and for the next 24-48 hours to achieve decrease in blood urea nitrogen (ACG Strong recom-



Acute Pancreatitis

X

Fluid Resuscitation

X

Outcome

急性胰臟炎



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急性胰臟炎



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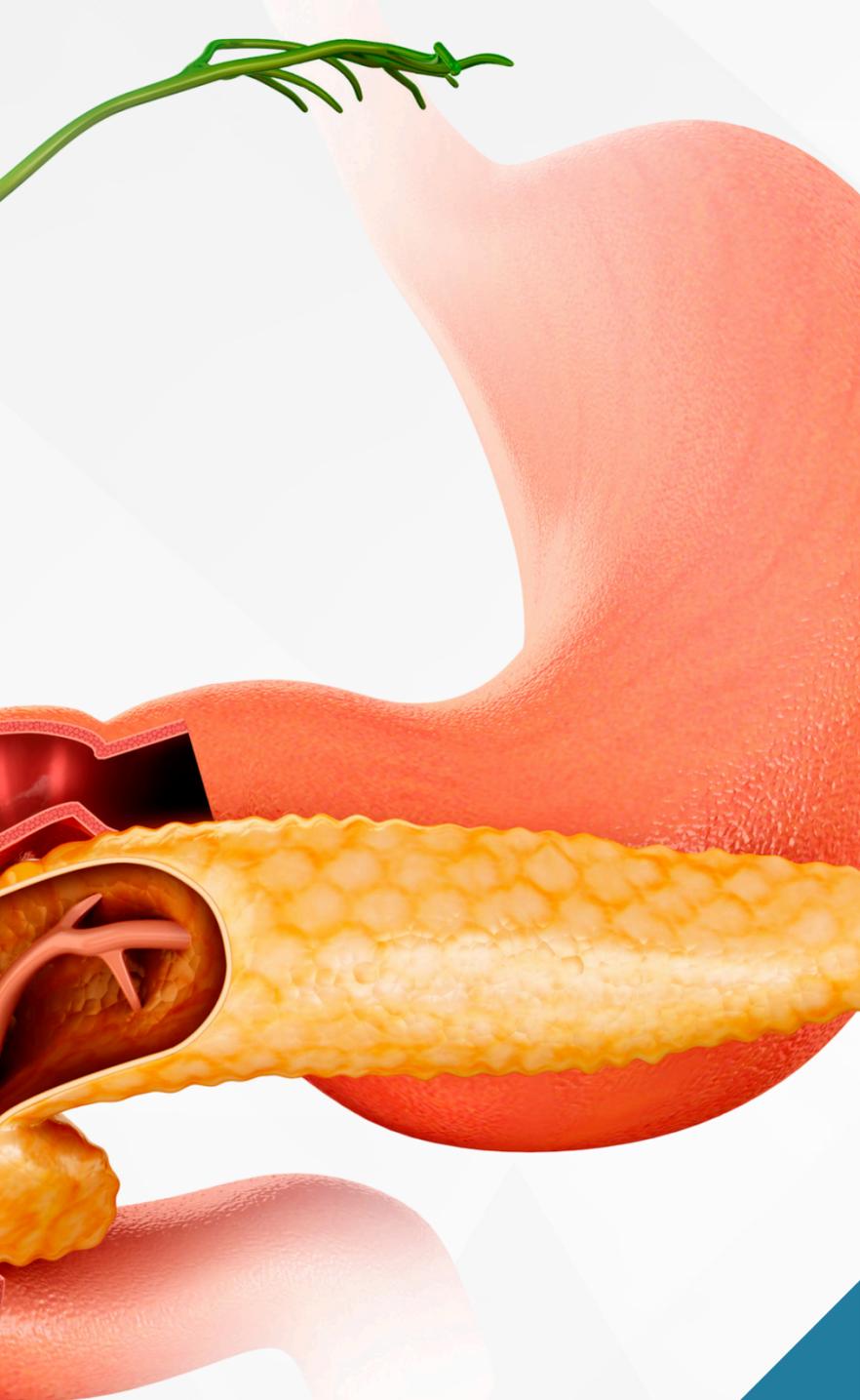
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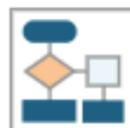
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neoadjuvant chemotherapy with gemcitabine plus S-1 before surgery may increase overall survival and resectable pancreatic ductal adenocarcinoma (Ann Surg 2025 Apr 16 early online)

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National Comprehensive Cancer Network (NCCN) recommendations on diagnosis and staging of esophageal and esophagogastric junction cancer (Mar)

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Evidence • Updated 18 May 2023

addition of amoxicillin-clavulanate to prednisolone may not improve 60-day survival in adults  $\leq$  75 years old hospitalized with alcohol-related liver disease (JAMA 2023 May 9)

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# 題目確認

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A systematic Review and Meta-Analysis  
Comparison of Clinical Outcomes between  
aggressive and non-aggressive intravenous  
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## 自己的報告主題就被搶先發表

課程當中，我以當初自己做報告時選擇的主題搜尋，發現竟然，在我做完報告的隔年，這個主題就有人發表了一篇 meta-analysis 文章，若是當年提早上這堂課，這篇文章的作者就是我了。





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