

Dear Colleagues!

Department of Abdominal Surgery of the University Medical Centre Ljubljana in collaboration with Slovenian Association of Hepatology and Gastroenterology which was founded in 1967 is organizing a scientific meeting about acute pancreatitis.

The primary purpose of 1st HPB Symposium Ljubljana is to bring physicians and investigators together to advance understanding of the origin and progression of acute pancreatitis and to provide optimal treatments to our patients as soon as possible. This meeting is led by academic physicians who are committed to collaboration in supporting patients who desperately need answers. The internationally renowned speakers from more than 10 EU member countries and other European countries testify to the high scientific level of the symposium. It is designed for gastroenterologists, intensivists, surgeons and radiologists and all physicians interested in pancreatic diseases.

It is, in fact, the first HPB meeting in Slovenia, but it emerged by well-known annual meetings 'Hepatobiliary School' held almost two decades ago by professors Markovič and Gadžijev. According with tradition the aims of this symposium are: (1) to discuss recent medical, scientific and technical advances in various disciplines relevant to acute pancreatitis, (2) to prioritize efforts for overcoming theoretical, technical, biological, medical, endoscopic, surgical, logistical, financial and regulatory barriers to improve detection, diagnosis, prevention and treatments and (3) to organize multidisciplinary working groups to address the needs and methods for acute pancreatitis care based on new knowledge and opportunities. In the future, it is our wish that this biannual meeting will provide platform to conduct well-designed multicentre studies in a large region of west-east Balkans.

Acute pancreatitis is increasing in incidence worldwide. The majority of patients who develop acute pancreatitis recover, and overall only about 2% die.

However, in up to 20% of individuals the disease is severe and may be complicated by organ failure, infections, a prolonged stay in the intensive care unit, or the need for surgical intervention; and mortality in this group may reach 20–30%. Over the last years, some developments in the management of pancreatitis have evolved, and these developments are having an impact in the treatment of patients, lowering the morbidity and mortality.

Prevalent dogma that infected necrosis complicating necrotizing pancreatitis mandates immediate or eventual necrosectomy for a successful outcome has been challenged. Recent approach of a primary, non-operative treatment involving directed antibiotics with percutaneous drainage (when indicated) have led to better outcomes when compared with primary operative necrosectomy. The treatment of infected (and sterile) necrotizing pancreatitis has evolved tremendously since 2000. The realization that severe acute pancreatitis associated with infected pancreatic parenchyma and peripancreatic necrosis is not an abscess that can be evacuated solely by drainage ushered in the new paradigm of treatment. Since then, the management of sterile and infected necrosis has evolved further with several major conceptual advances: (1) the move from a primary operative necrosectomy to one of a primary nonoperative, supportive management of patients with sterile necrosis; (2) the shift in treatment paradigm that infected necrosis requires immediate operative necrosectomy to that of an attempt to suppress the systemic effects of infected necrosis by the use of focused, intravenous antibiotics to postpone the timing of the inevitable eventual necrosectomy; (3) the move from an open operative necrosectomy via laparotomy with various forms of peripancreatic drainage to one of a minimal access necrosectomy (not just drainage) by other percutaneous, endoscopic, laparoscopic, minimal open access or a combined approach to accomplish a focused necrosectomy without the peripancreatic sequelae related to a full, open laparotomy; (4) some

patients with infected necrosis actually may be treated successfully without any formal attempt at either drainage or necrosectomy. This latter concept has not yet been embraced fully by clinicians.

During the meeting we will address the real questions of WHO, HOW LONG, WHEN, and WHAT is the role of conservative treatment and percutaneous drainage, and WHAT CRITERIA should be used to abandon this approach to adopt a more aggressive endoscopic, laparoscopic, or open approach involving some form of necrosectomy.

HPB surgery has dramatically changed over the past decades. Parallel to the latter, interdisciplinary management of HPB diseases is becoming increasingly significant, and the topic of this first congress reflects these dramatic changes. Interdisciplinary approach in treatment of acute pancreatitis, new diagnostic and interventional techniques and improved knowledge on supportive care during treatment, are only few interesting topics of this symposium.

This event will offer opportunities to share knowledge, listen to distinguished lecturers, meet new and reconnect with old friends. There is little doubt that our HPB community is a growing one, as not only surgeons but also other specialists are joining us in pursuit of better care for our patients. I am sure that 1st HPB Symposium Ljubljana will be not only a high-level scientific meeting, but also a place where old friends can come together and a place where many new friendships will be made.

Finally, I would like to thank all the lecturers, guests, colleagues and sponsors that contributed to the organization of the 1st HPB Symposium Ljubljana.

Assist. Prof. Blaž Trotovšek, MD, PhD



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