

Table 7-4.**CAUSES OF ACUTE PANCREATITIS**

Obstructive causes	Gallstones, tumors (ampullary or pancreatic tumors), parasites (<i>ascaris</i> or <i>Clonorchis</i>), developmental anomalies (pancreas divisum, choledochoceles, annular pancreas), periampullary duodenal diverticula, hypertensive sphincter of Oddi, afferent duodenal loop obstruction
Toxins	Ethyl alcohol, methyl alcohol, scorpion venom (seen mostly in West Indies), organophosphorus insecticides
Drugs	Definite association: Azathioprine/6-mercaptopurine, valproic acid, estrogens, tetracycline, metronidazole, nitrofurantoin, pentamidine, furosemide, sulfonamides, methyl dopa, cytarabine, cimetidine, ranitidine, sulindac, dideoxycytidine Probable association: Thiazides, ethacrynic acid, phenformin, procainamide, chlorthalidone, L-asparaginase
Metabolic causes	Hypertriglyceridemia, hypercalcemia, end-stage renal disease
Trauma	Accidental: Blunt trauma to abdomen Iatrogenic: Postoperative, ERCP, endoscopic sphincterotomy, sphincter of Oddi manometry
Infectious	Parasitic: Ascariasis, clonorchiasis Viral: Mumps, rubella, hepatitis A, hepatitis B, non-A and non-B hepatitis, coxsackievirus B, echo, adenovirus, cytomegalovirus, varicella, Epstein-Barr, human immunodeficiency virus Bacterial: <i>Mycoplasma</i> , <i>Campylobacter jejuni</i> , tuberculosis, Legionella, Leptospirosis

(continued)