

Incidence of Acute Pancreatitis, according to different authors, varies between 80–100 cases per 100 000 population, mostly a people of working age. The mortality rate for acute pancreatitis has remained at about 4–15 %, for necrotizing form of pancreatitis — 24–60 %, postoperative mortality occurs at a rate of 70–75 %. Sepsis is the most common cause of high mortality in postoperative period, that's why the problem of choosing antimicrobial therapy for such patients is still so important.

We examined 52 patients (20 female and 32 male) that admitted in Lviv Regional Clinical Hospital with diagnosis –acute pancreatitis from 2012 to 2014. Cause of acute pancreatitis in 28 patients was cholelithiasis and microlithiasis, in 22 patients — heavy alcohol use and in other 2 patient — were diagnosed idiopathic pancreatitis. The examination for verification of diagnosis and severity acute pancreatitis and its treatment according to the standards of diagnosis and treatment of acute pancreatitis (Guidelines. Kyiv. 2005) [2], Protocols of diagnosis and treatment of acute pancreatitis (Guide for physicians, Kyiv, 2007) [1–3] and International management for treatment of severe sepsis and septic shock. 2012 [7] Verification bacterial complication was performed using bacteriological studies and the level of procalcitonin [5, 6]. On the conditions of present infectious complications, we used intensive therapy, which approved treatment protocol of sepsis/severe sepsis and toxico-septic shock but recently it has been used in treatment of other critical patient. (Surviving Sepsis Campaign — SSC-Guidelines, 2012).

At 17–19 days of treatment in 42 patients, clinical signs became worse (progressed overall response to inflammation). Laboratorial tests showed increase the level of procalcitonin ($2,8 \pm 0,5$ $\mu\text{g/ml}$). Pancreatic abscess and the presence of free fluid in abdominal cavity were diagnosed with the help of transabdominal ultrasound and computerized tomography of abdominal organs. We did sanitation to those patients as well as drain abdominal by laparoscopic method. During operation, we took material of abdominal cavity for bacteriological studies. In addition, we took blood for bacteriological studies (two probes: one of intact vein, second probe of blood was of central venous catheter). Blood cultures were used for the detection of pathogenic aerobic bacteria, to detect anaerobic flora and fungi wasn't technically possible.

It should be noted that in all cases, in the blood cultures from intact vein we extracted pathogen in few patients and in 10^3 – 10^4 CFU. When blood cultures was taken from central venous catheter, usually we plated *S.epidermidis* ($n = 24$; 10^5 – 10^6 CFU), and all of them were oxacillin resistant (methicillin resistant coagulase negative Staphylococcus — MRCNS). As you know, epidermal staphylococcus is less toxic than *S.aureus*, as it is present in human skin, but well colonizing on artificial materials that are introduced into the human body (including vascular catheters).

In exudates of abdominal cavity, usually we extracted microorganism of family enterobacteria (*E.coli* and *K. pneumoniae*) no fermentative Gram-negative bacteria (*Ps.Aeruginosa*). Including severity of basic disease, the severity of the patients and the fact that every year lift occurrence of pathogens family enterobacteria with extended spectrum β -lactamases — ESBL, that patients as the start empirical antibiotic therapy was given meropenem (Merogram firm «Aurobindo»).

The effect of antibiotic therapy we looked out after 48 hours. In all cases, we had a regress signs of overall response to inflammation and that's why we continued antibiotic therapy by the specified mode. In future bacteriological studies show us that our right choice of tactics of empirical antibiotic therapy.

Of 52 patients with acute pancreatitis, 20 patients died (mortality rate 38,4 %). The immediate cause of death in 14 patients were progression multiple organ dysfunction syndrome (mainly respiratory failure in the form of acute respiratory distress syndrome that was refractory to respiratory therapy), and in 6 patients main cause of death was erosive bleeding.