



A COMPARATIVE STUDY ON THE EFFECTS OF EARLY ENTERAL FEEDING AND DELAYED ENTERAL FEEDING IN ALCOHOL INDUCED ACUTE PANCREATITIS

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KEYWORDS :

INTRODUCTION

Acute pancreatitis is a potentially lethal disease with wide variation in severity ranging from mild and self-limiting to a rapidly progressive illness leading to multiorgan failure and alcohol consumption being the most common cause for acute pancreatitis in India. At one end of the spectrum is the mild variety of acute pancreatitis, which invariably results in spontaneous resolution of symptoms and requires supportive therapy only. At the other end is the severe variety which requires aggressive resuscitative and, occasionally, surgical intervention. In accordance with this wide variation in clinical presentation, the treatment of acute pancreatitis requires a multidisciplinary approach. Acute pancreatitis is a hypermetabolic state marked by increased energy expenditure, proteolysis, gluconeogenesis, and insulin resistance. Nutritional supplementation in acute pancreatitis is complicated by these diverse pathophysiologic derangements associated with the disease. In the past, patients with acute pancreatitis were not given any form of enteral nutrition, because it was believed that any stimulation of the exocrine pancreas would affect the disease course negatively. Now, increasing evidence suggests that enteral feeding maintains the intestinal barrier function and prevents or reduces bacterial translocation from the gut. Furthermore, enteral nutrition eliminates some of the complications of parenteral nutrition. Additionally, the cost of enteral nutrition is low when compared to parenteral nutrition. Hence the study has been undertaken to determine the feasibility, advantages and disadvantages of early enteral feeding in mild and moderate variety of alcohol induced acute pancreatitis.

AIM OF THE STUDY

To compare the effects of early enteral feeding with delayed enteral feeding in Alcohol induced acute pancreatitis

MATERIALS AND METHODS

1. All the patients who are admitted in the ward with features of Acute Pancreatitis are evaluated
2. The diagnosis of pancreatitis will be made clinically, biochemically & radiologically
3. Severity will be assessed by BISAP scoring system & Modified CT Severity Index
4. Early enteral feeding will be started in cases immediately or within 48 hours of Admission
5. Patients who will be on NPO and on parenteral feeding is considered as controls, those patients were started with delayed enteral feeding
6. Incidence of complications, surgical or radiological interventions needed & duration of hospital stay will be observed in both groups
7. Data will be collected & analysed
8. Statistical significance was set at P value of 0.05 or less
9. Description of quantitative variables as mean, standard deviation (SD) and range; Description of qualitative variables as number and percentage. Statistical difference between quantitative variables were assessed using Unpaired Student t test; Chi-square test was used to compare qualitative variables

DIAGNOSTIC CRITERIA

Acute onset of a severe constant epigastric pain which often radiates through to the mid back with History of chronic alcohol consumption Elevation of serum amylase or lipase (>3 times upper limit of normal).

Imaging (contrast enhanced CT scanning) is only required for the diagnosis of acute pancreatitis when the above diagnostic criteria are met All the cases considered for the study underwent a comprehensive evaluation as follows:

- 1) Thorough clinical history and examination with emphasis on age, character of pain abdomen, radiation to the back, history of alcoholism
- 2) Biochemical investigations such as complete blood count, amylase, random blood sugar, urea, creatinine, liver function tests was done
- 3) Imaging modalities: Chest x-ray, Ultrasound abdomen, contrast enhanced CT scan abdomen was done.

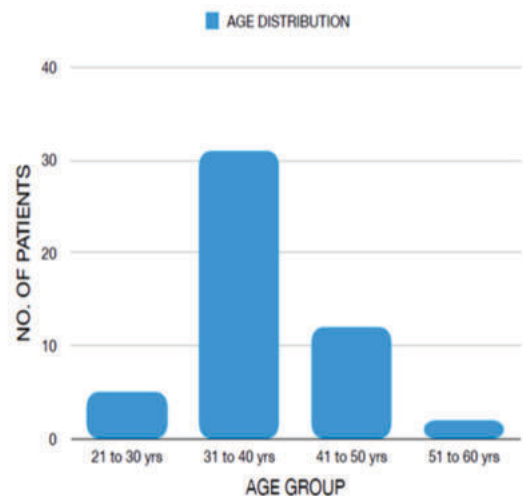
Based on the BISAP scoring system and Modified CT severity index, the severity of acute pancreatitis was graded as mild and moderate acute pancreatitis and severe acute pancreatitis (those patients were excluded).

Timing Of Enteral Feeding:

- a) Mild Acute Pancreatitis – Oral feeding started immediately on diagnosis
- b) Moderate Acute Pancreatitis – Oral feeding started within 48 hours of diagnosis

PARAMETERS COMPARED:

- Complications of Acute Pancreatitis
- Complications associated with parenteral nutrition
- Surgical or Radiological interventions needed Duration of stay in Hospital

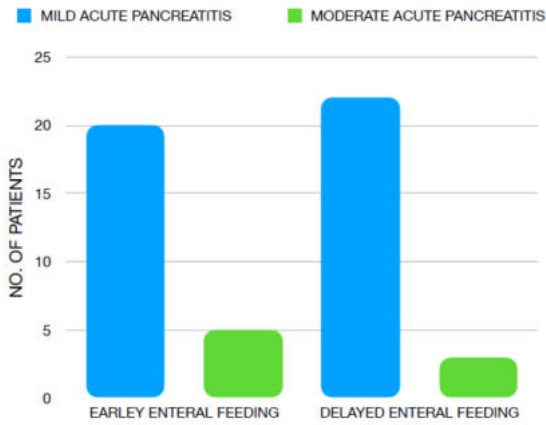


Majority of patients fall under age group 31 to 40 yrs. Least being 51 to 60 yrs group. The youngest person included in study was 28 yrs and oldest person was 55 yrs.

Out of 25 cases, 20 patients had mild disease and 5 patients had moderate disease. Out of 25 controls, 22 patients had mild disease and 3 patients had moderate disease

OBSERVATION & RESULTS:

- The data gathered from the study population comprising of 50 patients was



- analysed with particular reference to the objectives of the study.
- As per study, we have taken 50 cases out of which 25 Patients were started with early enteral feeding and 25 Patients were started with delayed enteral feeding
- There Is A Statistically Significant Reduction In Incidence Of Complications Of Acute Pancreatitis In Patients Who Were Started With Early Enteral Feeding.
- There Is A Statistically Significant Reduction In Incidence Of Complications Associated With Parenteral Nutrition In Patients Who Were Started With Early Enteral Feeding.
- There Is A Statistically Significant Reduction In Duration Of Hospital Stay In Patients Who Were Started With Early Enteral Feeding.