



A STUDY ON ACUTE PANCREATITIS IN TERTIARY CARE CENTRE- SALEM

Gastroenterology

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ABSTRACT

Background: In patients with acute pancreatitis 20% of the develop severe acute pancreatitis with affection of most of the organ subsequently with the adjacent fat necrosis and collection of fluid .Further they likely to develop worsening of general condition with involvement of vital organ and its failure resulting in high morbidity and mortality.**Aim:** To study the clinical profile of the patient with acute pancreatitis.:Study Population patients admitted in ,GovtMohanKumaramangalam Medical college,Salem, with a diagnosis of acute pancreatitis based on symptoms, lab and imaging findings were included in this study.They were evaluated for the cause, presentation and outcome and followed for a period of six months.Period: January 2017 to January 2018. **Results:** Male :32 female : 16 , Children:2. 20 patients with necrosis of pancreas less than 30 % I and 14 patients with 30-50% II and 16 patients necrosis more than 50% III. The severe clinical course and outcome 52.5% is seen in III group.. Multiorgan failure (MOF) was present in 4.5% of group I and 36.8%% of group II patients.72.6% in Group III. Conservative line of management was given to 74% of the study group and 82 .6% had better outcome of survival.Intervention like surgical and endoscopic therapy were given to 28.6% of the patients.. **Conclusion:** Patient with mild to moderate inflammation and necrosis can be managed with IV fluids and supportive care. Severe necro inflammation results in high mortality. For staging of the clinical course and severity of the disease CT best investigation. of choice to assess the stage and severity of pancreatic necrosis

KEYWORDS

Acute pancreatitis, Multi organ failure, Pancreatic Necrosis

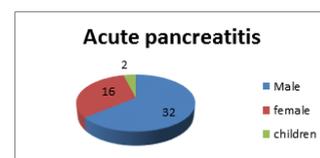
Background:

In patients with acute pancreatitis 20% of the develop severe acute pancreatitis with affection of most of the organ subsequently with the adjacent fat necrosis and collection of fluid .Further they likely to develop worsening of general condition with involvement of vital organ and its failure resulting in high morbidity and mortality .20-30% of all patients with acute pancreatitis severe pancreatitis occurs and is heralded by a fuminat clinical course, multiorgan failure and necrosis of pancreas . About 30%rd of patients with a severe damage develop organ failure during the first seven days and subsequently develop necrosis of pancreas involving more than 2/3 rd of gland **Aim:** To study the clinical profile of the patient with acute pancreatitis.:Study Population patients admitted in ,Govt MohanKumaramangalam Medical college,Salem, in the department of medical gastroenterology with a diagnosis of acute pancreatitis based on symptoms, lab and imaging findings were included in this study.They were evaluated for the cause, presentation and outcome and followed for a period of six months .Period: January 2017 to January 2018. Investigation like complete blood count, Blood sugar, Urea , creatine, Liver function test. CRP,Serum amylase, serum lipase, USG abdomen, CT abdomen with contrast, upper GI endoscopy in appropriate patient. ERCP was done for patient with Biliary pancreatitis due to CBD calculus obstruction . **Results:** Male :32 female : 16 , Children:2. Regarding the etiology of Acute pancreatitis Alcoholic pancreatitis was seen on 28 male patients and 2 female patients. Gall stone and biliary pancreatitis was seen 12 patients. 2 patients have blunt injury abdomen. And rest of the patients have no specific etiological insult to the pancreas and hence classified as idiopathic. 20 patients with necrosis of pancreas less than 30 % I and 14 patients with 30-50% II and 16 patients necrosis more than 50% III. The severe clinical course and outcome 52.5% is seen in III group.. Multiorgan failure (MOF) was present in 4.5% of group I and 36.8%% of group II patients.72.6% in Group III. Conservative line of management was given to 74% of the study group and 82 .6% had better outcome of survival.Intervention like surgical and endoscopic therapy were given to 28.6% of the patients.

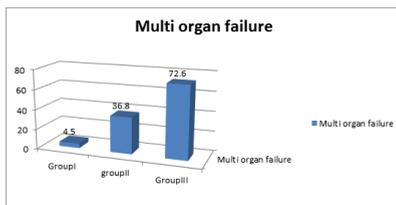
DISCUSSION.

In our study Alcoholic pancreatitis was seen on 28 male patients and 2 female patients. Gall stone and biliary pancreatitis was seen 12 patients.. 2 patients have blunt injury abdomen. And rest of the patients have no specific etiological insult to the pancreas and hence classified

as idiopathic.Sivasankar et al found alcohol consumption in 11 (45.8 %), biliary microlithiasis in 2 (8.3%), blunt abdominal trauma in 1 (4.1%) and unknown cause of acute pancreatitis in 4 (16.6%) patients..The observation may be due to high incidence of alcohol intake in this area of southern India. .: In our study the youngest patient was of 16 years, the oldest was of 67 years and the mean age was 52.6 years. Male to female ratio was 2;1. 12 patients had evidences of gall stone induced pancreatitis. In 6 patients no obvious cause of pancreatitis was found All the 50 patients had a definitive increase in their serum amylase and lipase levels. It was analysed that the specificity of serum lipase and amylase can be improved by raising the threshold to at least 3 times the upper limit of the normal reference values.Inour study the CT was normal in 6 patients and the rest of the 44 patients have mild moderate and severe pancreatic necrosis according to Balthazar grading system.; however no significant correlation was obtained when comparing patients with moderate and severe pancreatitis. Balthazar stated that patients who had a CT severity index of 0 or 1 exhibited a zero percent mortality rate and nil morbidity, while patients with CTseverity index of 2 had nil mortality and four percent morbidity rate. While a severity index of 7 – 10 showed a 17% mortality rate and a 92% morbidity rate. 40% of patients in our study were in hypotension and treated with ionotropes, 37.4%% had respiratory decopensation,28.6% had renal failure and 26.66% had multiorgan failure (MOF) at admission. Buchle stated that 72% incidence of organ failure in necrotizing pancreatitis; cardiocirculatory insufficiency seen in 23%, respiratory failure seen in 63% and renal failure seen in 13%. **Conclusion:** Patient with mild to moderate inflammation and necrosis can be managed with IV fluids and supportive care. Severe necro inflammation results in high mortality. For staging of the clinical course and severity of the disease CT best investigation. of choice to assess the stage and severity of pancreatic necrosis.Alcohol is the leading cause of Acute pancreatitis in this part of India followed by gallstone disease.

Graph:1.

Graph:2



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