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SUPERIORITY OF SURGICAL MANAGEMENT OVER CONSERVATIVE MANAGEMENT IN MANAGEMENT OF CHRONIC PANCREATITIS – CASE REPORT OF CLASSICAL REPRESENTATION.

General Surgery

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ABSTRACT

Chronic pancreatitis is a inflammatory disease with multiple etiologies.In this condition, there will be persistent inflammation and irreversible fibrosis associated with atrophy of the pancreatic parenchyma. Alcohol consumption is the most important cause, however multiple etiologies chronic duct obstruction, trauma, pancreas divisum , cystic dystrophy , autoimmune pancreatitis , tropical pancreatitis, and hereditary pancreatitis. In upto 20% of cases clear cut cause cannot be identified and it will be considered as idiopathic pancreatitis.

Aim: The aim of the study that in Freys procedure still has a better success in the management of Chronic pancreatitis.

Introduction: Chronic pancreatitis is a progressive inflammatory disease in which there is irreversible destruction of pancreatic tissue. Its clinical course is characterized by severe pain, and in later stage exocrine and endocrine pancreatic insuffiency. Its frequently complicated by attacks of acute pancreatitis, which are responsible for the recurrent pain. The incidence is 100-200/100000 population. The disease is more frequent in men .

Material And Method: The patient 20/Male came to the SurgicalGastroEnterology OPD in Tertiary care centre.

Result: The Outcome of the surgery still holds better in a case of chronic pancreatitis as the patient improved and the pain reduced Improving the quality of the patients life.

Conclusion: To conclude that the FREYS PROCEDURE still has good success in a case of chronic pancreatitis with failure of other lines of management.

KEYWORDS

Chronic pancreatitis, Freys , Coeliac plexus , Lateral pancreaticojejunostomy, immunoglobulins.

CASE REPORT:

A 20 y male presented with complaints of upper abdominal pain for 5 years duration , pain in intermittent in nature, increasing in severity for 2 days.Patient also gives c/o nausea and vomiting 2 episodes / day for 2 days (non bilious). Patient is known case of pancreatitis (multiple duct calculi) . Patient had undergone multiple coeliac plexus block which has failed to relieve the pain. Patient has No comorbidities such as Diabetes, Systemic hypertension , Asthama and Epilepsy. Patient is on mixed diet and no H/o Alcohol consumption . No relevant family history.

On Examination: Patient is thin built and moderately nourished. On Per Abdomen Examination : Soft, BS++ , Tenderness presented over the epigatrium.

No guarding or rigidity.

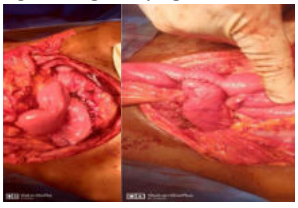
Serum amylase and Lipase :114/325

CT abdomen :showed dilated main pancreatic duct with multiple duct calculi.

MRCP: Main pancreatic duct appears irregularly dilated measuring 9mm.Head, Body , Tail – atrophic. Parenchymal calcification noted.

Patient evalvated and underwent Freys procecdure.

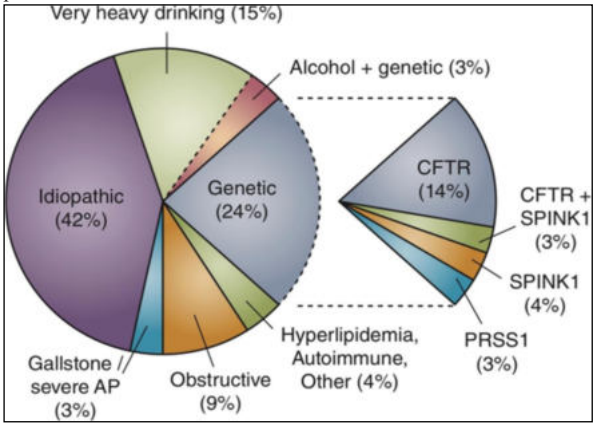
Histopathology : Sections shows distorted pancreatic parenchyma with inter and intralobular fibrosis. Interlobular fibrosis is dense with thick bands of collagen and sparse lymphatic infiltrate.



Impression: Chronic Calcific Pancreatitis.

DISCUSSION:

Chronic pancreatitis is an chronic inflammatory disease with mutlifactorial etiologies, variable in presentation and challenge to manage and treat. The Various etiology include Genetic causes , Alcohol, Hyperlipidemia, Hyperparathyroidism. The TIGAR-O classifications categorizes the chronic pancreatitis into Idiopathic, genetic, Autoimmune, Obstructive and recurrent and severe acute pancreatitis.



The chronic pancreatits in young age is uncommon. There will be multiple histopathologic features like Interacinar fibrosis, acinar atrophy, interlobular fibrosis, stromal inflammation, ductal distortion . Radiological investigations assists in areas such as diagnosis, evaluation of severity of disease , detection of complications, and assistance in determining treatment options. CT and MRI are the major imaging techniques to help in diagnosing pancreatitis and nowEndoscopic Ultrasound has become major modality in evaluation and management of chronic pancreatitis.

The presentation of the chronic pancreatitis will be pain , majorly due to ductal hypertension which is due to strictures, stones or retroperitoneal inflammation with the persistent neural involvement. The patients quality of life and social function is affected.

So it is important to assess the baseline of pain along with it should be assessed with quality of life and disability of the patient.

In past pain was thought to majorly caused by the pancreatic duct obstruction there are many pathologies involved. Pain management starts with the medical therapy which involves abstinence from tobacco and alcohol. Patients are started with opioid management. Other medical options to reduce the pain include pancreatic enzymes, octreotide, antioxidants. In case of autoimmune pancreatitis , the patient should be evaluated for immunogloblins G4 . In such cases the corticosteroid therapy should be started. The patients who does not respond to medical therapy should be started on other types of management which includes endoscopy, nerve block and surgery.

The patient here underwent initial coeliac plexus block which was failure to the underlying ductal stones which was obstructing the pancreatic duct. The success rate of coeliac plexus block in chronic pancreatitis is around 55-60% (Gress et al).

The major step in treating chronic pancreatitis is The endoscopy therapy plays an important role in treatment of chronic pancreatits associated with pain.

The indications for surgery in chronic pancreatitis are intractable pain, symptomatic local complication, unsuccessful endoscopic management and suspicion of malignancy. The procedure done for the patient was Freys procedure which is lateral pancreaticojejunostomy with partial excision of the pancreatic head. It combines both pancreatic duct drainage procedure with resectional surgery. The Roux loop is anastomosed to the opened duct and to the edges of the pancreatic defect left by the resection of inflammatory mass in the head. Post surgery The patient pain reduced and the quality of the life has been improved. The patient has to be frequently evalvated for any endocrine dysfunction like diabetes and so on.

CONCLUSION:

The management of the patients with chronic pancreatitis should start with medical therapy but in view of the multiple coeliac plexus block failure and the duct obstruction , the surgery is an appropriate option and it has been shown to improve the quality of life and reduced the pain.