ORIGINAL RESEARCH PAPER

General Surgery

CHRONIC PANCREATITIS AND ITS MANAGEMENT IN THANJAVUR MEDICAL COLLEGE HOSPITAL

KEY WORDS:

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AIM OF THIS STUDY

1. To recognise the various causative factors responsible for the disease process,
2. To analyse the various methods of presentation of chronic pancreatitis,
3. To evaluate the various indications for surgical interventions, and
4. To assess the results of surgical treatment.

MATERIALS AND METHODS

The patients admitted in Thanjavur Medical College Hospital, Thanjavur, during the period from September 2016 to September 2017, and their subsequent follow up at our outpatient department were studied. Their history, clinical presentation, investigations and management were recorded. From these data, the various aspects of chronic pancreatitis were studied.

The following investigations were done for diagnosis and evaluation of chronic pancreatitis.

- Urine sugar
- Blood sugar
- Serum calcium
- amylase
- Plain X-ray abdomen
- Ultrasonogram abdomen
- CT-abdomen

RESULTS

Chronic pancreatitis is a chronic inflammatory disease characterised by irreversible, progressive destruction of the pancreatic tissue. The mean age of presentation in our study was 38.45 yrs, which correlates well with most others studies. The disease has a world wide distribution. In India, the state of Kerala has the highest incidence, accounting for 0.145% of the total hospital admission and 5.47% of all autopsies in Trivandrum district. It is also common in Tamilnadu. The incidence of the disease seems to taper off from the south towards the north.

In our analysis of 24 patients of chronic pancreatitis at Thanjavur Medical
College Hospital, Thanjarur, the patients have come from,

1. Thanjavur - 4
2. Trichy -3
3. Ariyalur - 3
4. Thiruvaiyaru - 3
5. Orathanadu - 3
6. Needamangalam - 2
7. Kudavasal - 2
8. Pattukkottai - 1
9. Mayiladuthurai - 1
10. Tharagambaadi - 1
11. Musiri -1

Age

Chronic pancreatitis may occur at any age. The heriditary form manifests between 5-15 years whereas the late - onset idiopathic chronic pancreatitis usually manifests after 50 years. In our study of 24 patients, the age wise distribution of patients was as follows:

1. 10-20 years - 2
2. 21-30 years - 5
3. 31-40 years - 5
4. 41-50 years - 9
5. >51 years - 3

In our study, the age of the youngest patient was 17 years and the oldest was 53 years.

Sex

In our study, there were 19 males and 5'females, giving a sex ratio of 4:1, in favour of males. The sex ratio of 4:1 was also confirmed by a study conducted by Anand B.S in Delhi

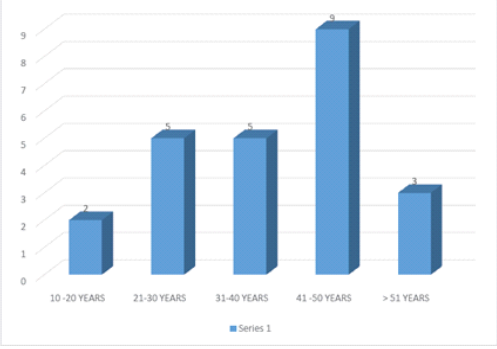
Religion

Among the 24 patients, majority belonged to the Hindu community (22/24), one from Christian, and one from Muslim community.

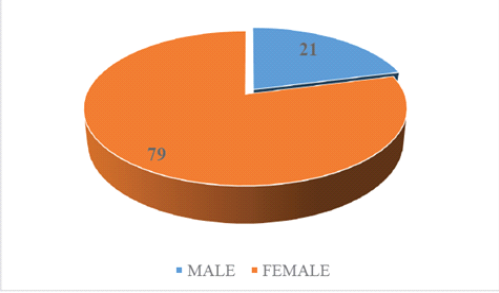
Plain X-ray abdomen revealed pancreatic calcification in 9 patients (37.5%).

Ultrasonogram and CT scan revealed a dilated main pancreatic duct in 9 patients

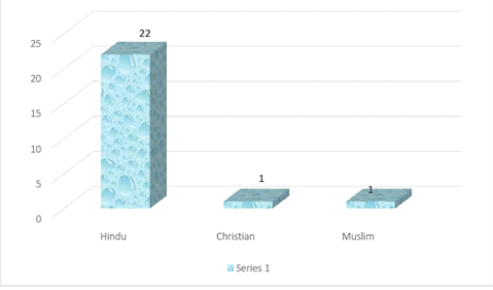
AGE DISTRIBUTION

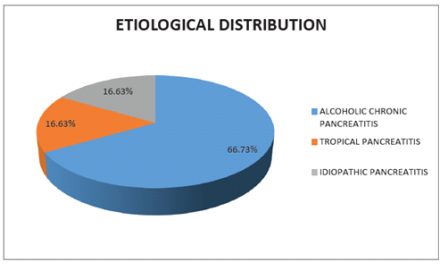


SEX DISTRIBUTION



RELIGION DISTRIBUTION



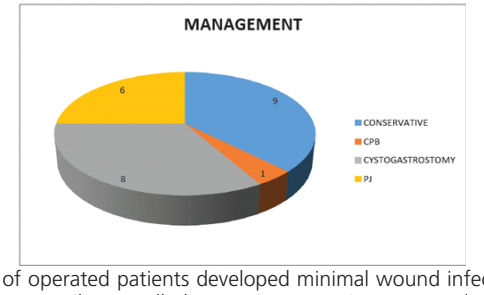


Management

Not all patients with chronic pancreatitis require surgery and half of the patients in many reported series have been managed conservatively. But in our study only 9 out of 24 (37.5%) patients were treated conservatively. This may be because of referral bias to our surgical department, ie., these patients were first treated medically and subsequently referred to surgical side following failure of medical management. Of the 24 patients, 9 patients had dilated main pancreatic duct. Of these 9 patients, 3 were managed conservatively and the rest (6 patients) underwentpancreaticojejunostomy. 8 patients with pseudocyst of the pancreas, with history and investigations suggestive of pseudocyst developing in chronic pancreatitis, underwent cystogastrostomy. Patients developing pseudocyst of the pancreas as a result of acute pancreatitis were not included in our study.

Percutaneous celiac plexus block was done in one patient with 6% phenol.

Patient had good postoperative pain relief, but he developed paraperesis which resolved gradually. During our short follow-up of operated patients, almost all patients experienced appreciable pain relief. Our patients were not encouraged to expect significant improvement in exocrine and endocrine function after surgery.



Three of operated patients developed minimal wound infection, which was easily controlled. Resection operation was not done, as none of our patients suited the indications. In our series of 24 patients, we did not come across any case of chronic pancreatitis due to gallbladder disease.

CONCLUSION

Though chronic pancreatitis is not a surgical disease primarly, surgery is indicated when medical treatment fails and/or complication arises. There is no single ideal operation for chronic pancreatitis. More important is the selection of an appropriate method of management for a particular patient.

Broadly, patients with chronic pancreatitis can be divided into (i) those with dilated duct disease >7mm in diameter and (ii) those with parenchymal disease. For those patients with dilated pancreatic duct, pancreatic drainage procedure is the apt one.

For patients with localised parenchymal disease and normal sized duct, resection procedures are indicated. For patients with diffuse parenchymal disease and normal sized duct, denervation procedures are the best option.

In our analysis of 24 patients of chronic pancreatitis, 16 patients were alcoholics, 4 had Tropical pancreatitis and the rest of the 4 patients suffered from Idiopathic chronic pancreatitis. 22 patients had predominant abdominal pain, 6 patients had diabetes mellitus and 2 patients had steatorrhoea. 18 patients had either glandular or ductal calcification. 8 patients underwent cystogastrostomy with good pain relief.

Pancreaticojejunostomy was done in 6 patients with good postoperative pain relief.

One patient who underwent celiac plexus block had excellent post operative pain relief.