SHORT COMMUNICATION

Rare Cause of Acute Pancreatitis

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ABSTRACT

Acute pancreatitis is a disorder in which the pancreas becomes enlarged and inflamed in a short amount of time. The pancreas is a smaller organ that aids digestion and is placed behind the stomach. Within a week, most people with acute pancreatitis begin to feel better and have no further complications. However, severe acute pancreatitis might lead to catastrophic problems in certain patients. Alcohol is broken down into chemicals that are harmful to the pancreas as it is consumed. Pancreatitis might develop as a result of this over time. Drinking two drinks per day increases the risk of pancreatitis by a factor of two, with the risk increasing as the number of drinks increases. The pancreas has been damaged. There is a clear link between alcohol use and acute pancreatitis. Binge drinking – drinking a lot of alcohol in a short period of time – is also thought to increase your risk of developing acute pancreatitis.

ABBREVATIONS

ERCP: Endoscopic Retrograde Cholangiopancreatography
MRCP: Magnetic Resonance Cholangiopancreatography
Hb: Hemoglobin Concentration
WBC: White blood cells
PLT: Platelet (Thrombocyte) count
BUN: Blood Urea Nitrogen
ALT: Alanine Transaminase
AST: Aspartate Aminotransferase
ALP: Alkaline Phosphatase
GGT: Gamma-Glutamyl Transpeptidase
INR: International Normalized Ratio
CPR: Cardiopulmonary resuscitation
U/L: Upper Intake Level

INTRODUCTION

Alcohol and gallstones are the most common causes of acute pancreatitis. Less common causes are hypertriglyceridemia, trauma, Endoscopic Retrograde Cholangiopancreatography (ERCP), infections and drugs [1]. As a rare cause, we present our case of acute pancreatitis secondary to compression of aortic aneurysm to common bile duct.

CASE PRESENTATION

A 90-year-old male patient was admitted to the emergency department with abdominal pain spreading from right upper quadrant to back for 2 days. Physical examination revealed tenderness with deep palpation in the epigastric region. Other system examinations were normal.

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PATIENT HISTORY

There was no history of smoking; alcohol use as a social drinker. Family history was unremarkable. There was no drug use other than levothyroxine for regular hypothyroidism. On admission, the patient had fever: 36.7 pulse: 75 / min, blood pressure of 110/75 mmHg, and respiratory rate of 14/min. Blood parameters of the patient during hospitalization were Hemoglobin Concentration (Hb) in blood: 10.3 g/dl, White Blood Cells count (WBC's): 13980U/L, Platelet (Thrombocyte) count (PLT): 162000 U/L, glucose: 77 mg/dl, creatinine: 0.72 mg/dl, BUN: 15 mg/dl, albumin: 2.9 g/dl, Alanine Transaminase (ALT) test: 78 U/L, Aspartate Aminotransferase (AST) test: 76 U/L, Alkaline Phosphatase (ALP) test: 169 U/L, Gamma-Glutamyl Transpeptidase (GGT) test: 93 U/L, total bilirubin: 3.59 mg/dl, direct bilirubin: 2.26 mg/dl, amylase: 673 U/L, lipase: 1600 U/L, International Normalized Ratio (INR):1.6, Cardiopulmonary resuscitation (CRP) test:144 mg/L.

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Hepatobiliary ultrasonographic examination revealed intrahepatic and extrahepatic biliary ducts were diffused dilated and the largest common bile duct was measured as 22 mm. Magnetic Resonance Cholangiopancreatography (MRCP) revealed a common bile duct and pancreatic duct secondary to 47x38 mm aortic aneurysm compression distal to the common bile duct (Figure 1 & 2). ERCP showed external compression at distally of the common bile duct. The bile duct and intrahepatic bile ducts were dilated. When sphincterotomy was performed with balloon, it was observed that there was no content. Because the opaque drainage of the biliary tract was insufficient, a plastic stent was placed in the common bile duct to proximal the stenosis at the lower end. Bile and opaque drainage were found to be sufficient (Figure 3). Cardiovascular surgery was consulted for aortic aneurysm. Surgical intervention was not considered because the aneurysm was less than 5 cm. The patient was stabilized following stent placement and supportive treatment for pancreatitis. The patient was discharged after full recovery.

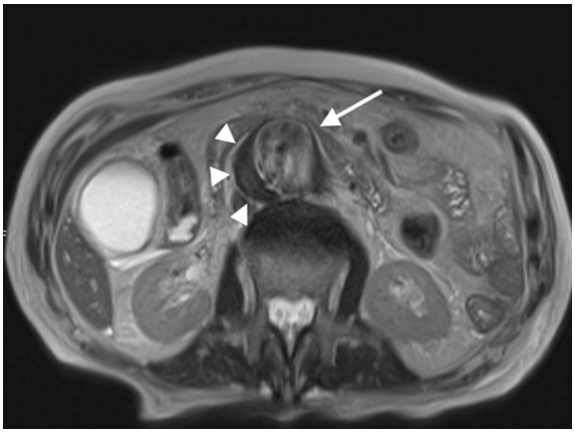

Figure 1: Aortic aneurysm compression distal to the common bile duct by Magnetic Resonance Cholangiopancreatography.

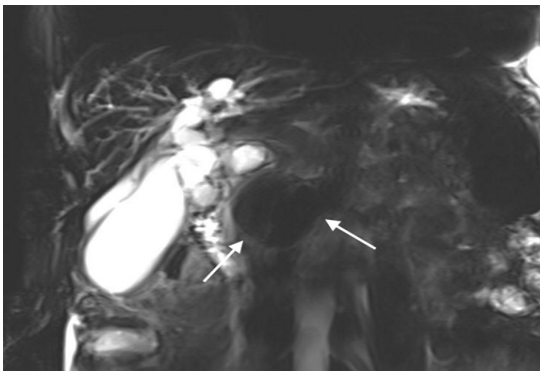

Figure 2: Endoscopic Retrograde Cholangiopancreatography showed external compression at distally of the common bile duct.

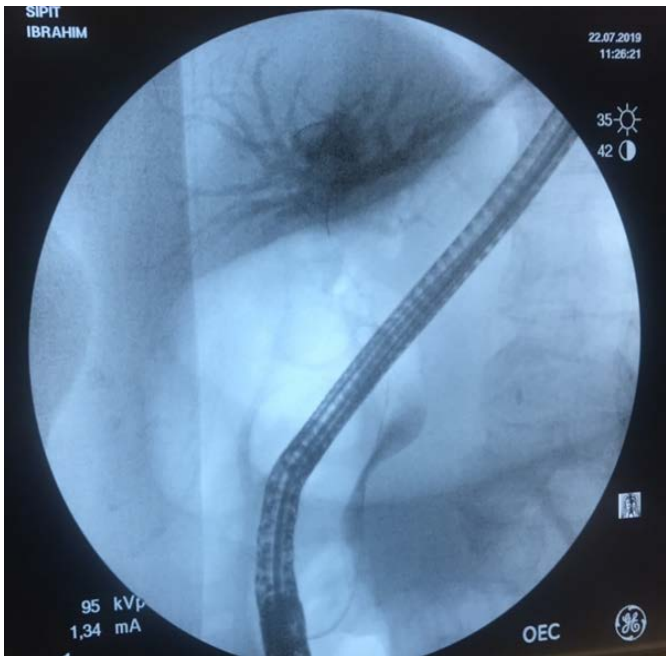

Figure 3: Bile and opaque drainage.

DISCUSSION

Acute pancreatitis due to aortic dissection and post-aortic aneurysm surgery has been previously reported in the literature [2, 3]. However, acute pancreatitis secondary to the mass effect of aortic aneurysm has not been previously reported in the literature.

CONCLUSION

In the etiology, scientific studies of acute pancreatitis, aortic aneurysm that may have a change of develop in the neighboring common bile duct should be considered when there is no use of stones and alcohol in the gallbladder.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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REFERENCES

1. Afghani E, Pandol SJ, Shimosegawa T, Sutton R, Wu BU, Vege SS, et al. Acute pancreatitis—progress and challenges: A report on an international symposium. Pancreas 2015; 44:1195-1210. [PMID: 26465949].

2. Pham TV, Nable JV. Aortic dissection presenting with pancreatitis. Am J Emerg Med 2013; 31:1153.e1-2. [PMID: 23602744].

3. James AD, Anderson JH, Edwards R, Sandison AJ. Pancreatitis as a complication of endovascular aneurysm repair. Eur J Vasc Endovasc Surg 2008; 35:310-311. [PMID: 17683955].

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