

REPLY

Ischemic Acute Necrotizing Pancreatitis in a Marathon Runner. Reply to Comment

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Dear Sir:

We agree with Dr. Löhr and Dr. Sandberg [1] that more unusual causes of acute necrotizing pancreatitis should be sought in this particular patient. Although atherosclerotic microangiopathy is less expected in an experienced marathon runner, genetic causes of pancreatitis should be considered. However, since this patient lives in the United Kingdom, we did not search for genetic factors influencing the development of pancreatitis. A recommendation for further genetic counselling after discharge was made.

Concerning hemoconcentration, a hemoglobin level

of 10.7 mmol/L (reference range: 8.6-10.5 mmol/L) and a hematocrit of 47% (reference range: 40-50%) were observed. Furthermore, the urea level in our patient was 9.9 mmol/L (reference range: 2.5-7.5 mmol/L) at admission which was also related to dehydration. The hemoglobin level decreased to 8.3 mmol/L and the hematocrit to 39% after 2 liters of sodium-chloride infusion.

With regards

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References

1. Löhr LM, Andrén-Sandberg Å. Ischemic acute necrotizing pancreatitis in a marathon runner. Comment. JOP. J Pancreas (Online) 2009; 10:221.