

Case Report on Chronic Pancreatitis in Adult

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Abstract

Introduction: Chronic pancreatitis is an inflammatory disease characterized by progressive destruction of the anatomy and function of the pancreas. The cells are replaced by tissue fibrosis with repeat attacks of pancreatitis. Chronic pancreatitis is an old inflammatory disease that Causes scarring of the pancreas and irreversible changes. Chronic pancreatitis causes abdominal pain and in some cases diabetes and large, bulky fatty stools. Clinical Findings: Abdominal pain, loss of appetite, vomiting, Fever .Diagnostic Evaluation : Bilirubin total : conjugated – 0.14, , blood test : RBS glucose -180, monocyte -0.2%, Granulocytes -00%, HCT -37. Ultrasonography: Pancreatic cholangiopancreatography Therapeutic Intervention : Tab .Pantaprazole 40 mg orally x OD, Tab .Lipcerna 1 tab 1,000 orally with orally TDS, Tab. Antoxipan 1 tab orally x OD, Tab .Omee 20 mg orally x OD, Syr .Aristozyme 200 ml orally x OD, Tab .Paracetamol 650 mg orally x BD. Outcome : After treatment, the patient show improvement My patient was admitted in medicine ward No -28, with AVBRH with a known case of chronic pancreatitis and he has the chief complaint of fever and pain in the abdomen . After appropriate treatment his condition are improved.

Keywords

Calculus; Diabetes; Epidemiology; Frequency; India; Islets of Langerhans; Manihot; Pancreas, Exocrine; Pancreatitis, Alcoholism; Pancreatitis, Chronic;

INTRODUCTION

It is a serious disorder that ranges in severity from a mild, self-limiting disorder to a rapidly fatal disease that does not respond to treatment. Chronic pancreatitis is an old inflammatory disease that causes scarring of the pancreas and changes.[1]Chronic irreversible pancreatitis causes abdominal pain and in some cases diabetes and large, bulky fatty stools. Inflammation of the pancreas which cannot be heal or improve is the chronic pancreatitis . it get worse and lead to damage permanatly. it impairs a patient ability to digest the thing . industilized countries have estimated an annual incidence rate 5-12 /1100 people who will be develop chronic pancreatitis . [2] Chronic pancreatitis patient receive antioxidant with there pain in abdomen medicine ,which has been shown to help with allivate pain relief The celiac nerve plexus block is achieved via injection and prevents the nerves that travel from the pancreas from reporting pain signals back to the brain.[3][4]

Patient Identification

A male patient Ravindra Dhote of 42 years was admitted to Male medicine -28, AVBRH on 15^{th} Nov 2021 with a known case of chronic pancreatitis . he is 52 kg and his height is 160 cm.with BMI:-32.5

Present medical history :

A male patient of 42 years old was admitted in AVBRH to the medicine ward -28 on dated 15th Nov. 2021 with the complaints of pain in abdomen since 2-4 months loss of appetite and vomiting 2 episode day since 2 days. He feels nausea are also.

Past medical history

Mr. Ravindra Dhote has the problem of diabetes mellitus. He is having the any problems like hypertension, asthma, etc.

Family history

He belongs to nuclear family. There are 3 members in this family.

The family members are healthy and not having any other diseases like asthma, diabetes mellitus, anemia tec.

Past interventions and outcome

My patient was diagnosed with chronic pancreatitis in last 1 year, from that time onwards he was admitted to hospital 2-3 times for treatment of the disease mostly pain relive in the medicine and tablets.

Clinical findings

Abdominal pain, loss of appetite, vomiting, Fever etc.

Etiology

Reliable population-based on estimates of the epidemiology with the chronic pancreatitis are not extensively in available as the diagnostic which for chronic pancreatitis vary widely. However, limited evidence suggests that the incidence of chronic pancreatitis are the with the ranges of 6 to 12/100,000 with the a prevalence of approximately 50/100,00 persons.

There are regional differences in the prevalence by etiology When compared to other Asian countries, alcohol-related pancreatitis is most common in the West



Indies and Japan. The prevalence of a type of chronic pancreatitis that is specific to tropical countries varies greatly (20 to 125/100,000 people reported in two parts of South India).

Physical Examination

There is not much abnormality found in head to toe examination, the patient is lean and thin he is having dull in the look. He is weak and uncomfortable.

Diagnostic assessment

Bilirubin total : conjugated - 0.14, $\,$, blood test : RBS glucose -180, WBC count - 8500/cu mm, monocyte -0.2% , Granulocytes -00% , HCT -38%

Therapeutic Intervention

Tab .Pantaprazole 40 mg of orally OD , Tab . Lipcerna 1 tab 10,000 orally orally TDS, Tab. Antoxipan 1 tab orally OD , Tab .Omee 20 mg orally OD , Syr .Aristozyme 200 ml orally OD , Tab .Paracetamol 650 mg orally BD.

DISCUSSION

A male patient of 42 years old was admitted in medicine ward -28, AVBRH on 15th Nov 2021 with a complaint of pain in abdomen since 4- 5 months loss of appetite and vomiting 2 episode per day since 3 days. He is known case of chronic pancreatitis. As soon as he was admitted to hospital investigation were done and appropriate treatment were started. After geeting with the treatment, he shows greatin improvement and the treatment was still going on till my last date of care.

They present the findings of the first nationwide, prospective study of chronic pancreatitis patients from the Indian subcontinent. Our study's findings are as follows:;- the most common type of chronic pancreatitis is idiopathies pancreatitis in india which account approximately two -third of cases. alcoholic pancreatitis account for one -fourth of all cases ,and in both males and female ,alcoholism account for nearly half of all cases. as classically describe the tropical pancreatitis is less common now .in comparison to previous report it has been raised, this is because of highly previous report the level of alcohol consumption in india specially in the kerla state in the recent years. The paper's most notable finding was that it documented the decline of "tropical chronic pancreatitis traditionally has been describe as occurring in the young ones which is reported by the south india .[5] Using strict age cut-offs, only 29 subjects (3.8 percent) were identified as having the classic form of chronic "tropical" disease. In India, smoking is a significant risk factor for chronic pancreatitis, as evidenced by approximately 28 percent (n = 292) of 1,033 smoking subjects. Given the gender differences in this part of the world, it is not surprising that almost all smokers are men. Smoking and alcohol were frequently found together: the majority of alcoholics were smokers, and the majority of smokers were alcoholics. Smoking is now recognised as a separate risk factor for chronic pancreatitis, as well as a major risk factor for pancreatic cancer. Smoking is becoming more popular in India, which is a major source of concern.Cassava has been the subject of heated debate in developing countries as a possible cause of chronic pancreatitis. However, consumption of cassava has decreased in India over the last decade, even in areas where it is a major component of the diet. The decline in cassava intake and output, as well as the consumption of a more nutritious diet, when combined with an increase in the prevalence of smoking and alcoholism, may have contributed to the profile of chronic pancreatitis described in our study. Reducing cassava consumption and providing a more nutritious diet, as well as an increase in smoking and alcoholism, may all contribute to the chronic pancreatitis profile. [6]

In this study, 4% of the participants had pancreatic adenocarcinoma. This proportion is comparable to that associated with alcoholic chronic pancreatitis around the world, but significantly lower than the previously described rate of adenocarcinoma complicating tropical pancreatitis . Only prospective follow-up studies will reveal the true incidence and prevalence of adenocarcinoma complicating chronic pancreatitis in India. More research is needed to determine the true incidence and prevalence of adenocarcinoma complicating chronic pancreatitis in India. The clinical profile of diabetes associated with chronic pancreatitis was also documented in this study. Diabetes was present in % of the subjects.Interestingly, our study shows that alcoholism is a factor associated with diabetes in people with chronic pancreatitis.[7] Our study also found that non-alcoholic females had a higher risk of developing diabetes than non-alcoholic males. Thus, female gender and alcohol consumption could both be etiologically associated with the occurrence of diabetes in subjects with chronic pancreatitis, albeit through as-yet unknown mechanisms. The study's obvious strengths include its reasonable sample size, use of a well-defined online proforma, and prospective nature. include occasionally missing data and a lack of information regarding diet and nutrient intake, as well as the lack of a 'not done the'option to their endoscopic procedures and surgery, implying that there may have been some undersampling .[8] Despite this, this is the first study from the Indian subcontinent to use a prospective, national, online multi-center disease registry. Due to a previous report which indicate a high prevalence of chronic pancreatitis in india this study of report gaining the attention . it was previously hypothesized that the spectrum of chronic pancreatitis in india subcontinent could change .this study confirm the changing profile of chronic pancreatitis ,particularly the decreased of classical tropical chronic pancreatitis in this region.[9]

CONCLUSIONS

An investigation of chronic pancreatitis in India was the most common form in this first nationwide prospective study, followed by alcoholic pancreatitis. The classic form of



chronic pancreatitis is increasingly rare.

ETHICAL CLEARANCE

Taken from institutional ethics committee.

SOURCES OF FINDING

Self.

CONFLICT OF INTEREST

Nil.

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