



## A Clinical Study of 50 Patients of Acute Pancreatitis Admitted to Our Hospital

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### Abstract

*This is a clinical study of 50 patients of acute pancreatitis admitted to our hospital as an emergency. 40 patients had a positive history of consuming alcohol for periods ranging from 5-20 years with average age of 23 when the patient started drinking alcohol. The quantity of alcohol ranged from 250 ml of hard liquor per day to about 750 ml per day. All 40 patients had a similar low socio-economic background and gave history of consuming country liquor which was cheap and easily available. Most of the patients were in the age group of 20-35 years and worked as daily wage labourers. Out of 50 patients, 49 patients were male and one female. 8 patients had acute bacterial infection and in 2 patients cause for acute pancreatitis could not be determined. All patients presented as acute pain in abdomen with localised guarding, history of vomiting and fever. All patients underwent standard diagnostic procedures. They were started on IV Antibiotics and supportive treatment. Octreotide was given to 5 patients out of 50. All patients were discharged in good condition after 15-35 days. Patients with history of alcoholism were counselled before discharge. Out of 50, only 30 patients came back for follow up. 2 of these had developed pseudo-pancreatic cyst.*

**Keywords:** Acute Pancreatitis, alcohol, CT Abdomen, Serum Amylase and Lipase, low socio-economic status.

### INTRODUCTION

With an alarming increase in the emergency admissions of young patients of acute Pancreatitis, a study was conducted in our hospital for a period of 8 months whereby 50 cases of diagnosed acute pancreatitis were studied. 40 out of 50 patients had a positive history of alcohol consumption.

The association of alcohol abuse with pancreatic injury was noted as early as 1878 (Minoti et al., 1997) <sup>(1)</sup>. The damage caused by alcohol to the pancreatic tissue has now been well established and documented (Roberts et al., 2013)<sup>3</sup>. Clinicians are in agreement that both, acute and chronic alcoholic pancreatitis, are responsible for a

significant amount of death and disease in our country. The use of alcohol as a social activity has gradually changed to a daily necessity, not just in urban but rural areas too. Free availability of alcohol, disposable income, survival stresses are leading to increasing number of young men and women to take to drinking alcohol which eventually becomes an addiction wreaking havoc on the body, especially pancreas, almost always irreversibly.

### MATERIALS AND METHODS

50 cases admitted to this hospital, Dr.DY Patil Medical College and Hospital which caters mainly

to poor socio-economic class of the society, with acute pancreatitis.

Standard protocols for diagnosis by history, routine and specialized investigations like Serum amylase and Lipase, CT/ USG Abdomen for confirmation were followed.

A detailed history of alcohol consumption that included age of starting to drink, daily amount of consumption, type of liquor, profession and economic status of the patient etc were taken on a proforma which also included the detailed history, investigations done, treatment given.

Standard protocol of treatment was given. Patient was started on IV Antibiotics, viz: IV Cefotaxime /IV Cefoperazone-Sulbactam with IV Metronidazole, Supportive IV fluids, other supportive management till the Serum Amylase and Lipase levels normalised.

## RESULTS

All 50 patients came from low socio-economic background.

49 patients were male and one female patient were admitted with acute pancreatitis.

The age of patients ranged from 20-35 years

Out of 49 male patients, 35 worked as daily wage labourers, 10 worked as helpers in various small businesses, 4 were unemployed.

40 out of 50 patients had history of alcohol consumption ranging from 250 ml per day to 750 ml per day. All patients consumed country made liquor as it was cheap.

The average period of alcohol consumption ranged from 5 to 20 years.

The commonest presenting symptom was sudden onset acute abdominal pain with vomiting, followed by fever, nausea and loss of appetite.

Clinical findings were of tenderness over abdomen, localised guarding over central abdomen, palor, dehydration, tachycardia. One case presented with severe symptoms, tachypnoea, hypotension and shock and had to be treated in the ICU.

Routine investigations showed hemoglobin levels that ranged between 9.5 gm% to 14gm%. TLC ranged between 12000 - 22000

Serum Amylase- 90SIU- 2000 SIU

Serum Lipase -

CT Abdomen- Diffuse swelling over Pancreas seen in all patients. . No pseudo-pancreatic cyst or Abscess formation seen in any patient.

Standard protocol of treatment was given. patient was started on IV Antibiotics, viz: IV Cefotaxime / IV Cefoperazone-Sulbactam with IV Metronidazole, Supportive IV fluids, other supportive management till the Serum Amylase and Lipase levels normalised.

Inj. Octrotide had to be given to 1 patient whose serum Amylase was 2000 SIU

All 50 patients were discharged in good condition after 15-35 days.

40 patients who had history of alcoholism were referred to specialists for counselling and de-addiction.

30 patients came for follow-up. 20 patients were lost on follow-up.

1 patient developed pseudo-pancreatic cyst.

## DISCUSSION

Acute pancreatitis is on the rise especially in young males due to alcohol consumption. With easy availability of alcohol, peer pressure, pressures of survival, especially for the low socio-economic strata, illiteracy & ignorance, the patients coming to our hospital were of younger age group than mentioned in the literature (Minoti et al., 1997) <sup>(1)</sup>. Detailed history into the habit of alcoholism revealed startling factors, especially the lowering of age when the patient first started drinking, the quantity of alcohol consumed in one sitting and the frequency with which the patient consumed alcohol. All our patients were male indicating social constraints on women taking to drinking alcohol or fear of admitting to consuming alcohol (Roberts et al., 2013) <sup>(2)</sup>. In our study the median age was 27.5 years. The literature quotes age incidence between 35-54 years (Roberts et al., 2013) and early 40s (Minoti et al., 1997) in males.

A survey of literature reveals considerable geographic variation in the patterns of alcohol consumption with alcoholic pancreatitis. In France and Sweden (Sarles, 1971<sup>(3)</sup>; Gastard et al., 1973;<sup>(4)</sup> Kager et al., 1972<sup>(5)</sup>) patients of alcoholic pancreatitis are reported as consistent heavy drinkers. In the USA, Scotland, South Africa, Australia (Phillips, 1954<sup>(6)</sup>; Marks et al.<sup>(7)</sup>, 1973; Imrie, 1974<sup>(8)</sup>); about drinking is said to be more prominent as a cause of alcoholic pancreatitis. In our study we found that 80% were daily drinkers consuming on an average 250-750 ml of alcohol daily. (Minoti et al., 1997). The type of alcohol appears to be unimportant in most studies (Sarles, 1971; Gastard et al., 1973; Kager et al., 1972; Marks et al., 1973). It was our observation that low socio-economic status, illiteracy, social pressures, easy availability all contribute to the young patients gradually taking to heavy drinking causing deleterious effects on pancreas, permanently affecting their health. With younger patients getting admitted for this ailment fraught with long-term morbidity, it is a severe economic drain on the family and a loss of productivity of the person to the society in which he lives. The resistance to help in the form of psychiatric counseling is alarming. Clinically most patients have a similar presentation but CT Abdomen has a diagnostic importance. Serum amylase and serum Lipase have diagnostic and prognostic importance.

## CONCLUSION

Acute Pancreatitis in young males is showing alarming increase in its incidence due to growing menace of alcoholism in the society, especially in low socio-economic strata. survival pressures lead to alcoholism which eventually causes permanent damage to pancreas causing great health issues in young patients resulting in loss of man-hours and productivity of the young eventually affecting the families which depend on these young men.

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