



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 3 | Issue 4 | Oct – Dec - 2015
www.ijamscr.com

ISSN: 2347-6567

Research article

Medical research

Chronic calcific pancreatitis and pd stenting - A case report.

*Ramoju Kishore kumar, N. Sriram, M.Sunil Kumar, Madhav reddy, N.Raju.

Holy Mary College of pharmacy, Hyderabad, Telangana 500034

Corresponding author: R. Kishore Kumar

Email: ramojukishorekumar@gmail.com

ABSTRACT

A Chronic calcific Pancreatic is the rare and most often associated with chronic pancreatitis condition. Here we present case of a 16-year old boy who presented in hospital with a severe abdominal pain a pancreatic type since 3 months. No history of jaundice, GI bleed, vomiting, altered bowel habits, fever, shortness of breath, decreased urine output or altered sensorium. He had been having repeated attacks of similar but milder upper abdominal pain. This time however the pain was terrible. USG abdomen showed chronic calcific pancreatitis with dilated PD and multiple intra ductal calculi, no peripancreatic edema or fluid collection and small GB polyp was seen. He underwent ERCP showed dilated, irregular pancreatic, duct with ecstastic side branches. Pancreatic sphincterotomy done, few soft protein plug extracted PD stent placed

Keywords: Biliary disease, chronic pancreatitis, MRCP, Micro invasive surgery.

INTRODUCTION

Chronic calcific pancreatic is a rear condition to pancreas which means formation stones due to decomposition of calcium salts in duct tubes and the main pathogenesis of pancreatic calcific conditions was not known clearly but many theories has put forward that it may occurred due to alcoholic abuse, chronic pancreatitis, pancreatic duct fibrosis and some other condition which leads to the formation of calcified stones in pancreatic duct¹. This may leads to pancreatic exocrine dysfunction and intraductal proteinaceous deposits² mostly seen in children³

Actually stone formation is may be due to

- Biliary disease- This condition is mainly due to the Obstruction of the lower area of the bile duct often leads to obstruction of the effluent duct of the pancreas. Bile reflux into the pancreatic duct may also occur. Changes of enzymes and

pathological changes in the pancreas are a consequence. As a result, pancreatic stones and pancreatitis develop⁴.

- Chronic pancreatitis-In this state pancreas parenchyma will be changed and that leads to the formation of the stones
- Alcoholic abuse-This is an important state in which the increase in the lithium concentration and finally that leads to the formation of stones
- Idiopathic changes in the enzymes of the pancreas
- Malnutrition

A complaint about vomiting, abdominal pain and etc which is at peak condition is observed. The main reason of this occurrence is not known which may be hereditary or idiopathic condition of occurrence of this condition this can be detected by various

scanning test and it can be curable with some parameters like surgical removal of stones and etc

CASE PRESENTATION ON CHRONIC CALCIFIC PANCREATITIS AND PD STENTING

A 16 year old male patient was admitted in a hospital with a chief complaints of abdominal pain and coming to history of condition he do have a recurrent abdominal pain which is a pancreatic type since 3 months and patient was in a course of antibiotics, I.V fluids, and some pain relievers. In order to confirm the diagnosis of this disease it can be done by the Radiological examinations, ultrasonography, of abdomen, endoscopic retrograde cholangiopancreatography (ERCP), magnetic resonance cholangiopancreatography (MRCP) and genetic analysis is also useful in identification. ERCP is best for diagnosing pancreatic duct stone in order to reveal not only the size, number and position of the stones but also false stones⁵. In genetic analysis result is genetic mutation-induced changes in human cationic trypsinogen (PRSS) and premature activated trypsin is destroyed by chymotrypsin (CTRC) ⁶. And later patient as stable and discharged after 7 days of his surgery that is pancreatic sphincterotomy done few soft protein plugs extracted and 5 fr 10cms PD stent placed.

EXAMINATION

No-pallor /icterus/pedal edema.
RS/CVS- NORMAL.
Investigations done

HE WAS DIAGNOSED WITH FOLLOWING TEST

Abdominal ultrasonograph test (USG)

It reviled that he possess chronic calcify pancreatitis with dilated PD and multiple intra ductul calculi.

Endoscopic retrograde cholangiopancreatography (ERCP)

Chronic calcific pancreatitis with dilated, irregular pancreatic duct with ecstatic side branches

Genetic analysis

All genes are normal but the gene like gene chymotrypsin C (prematurely activated trypsin is destroyed by chymotrypsin), cathepsin B (SNPs in this gene are involved in premature activation of trypsin or inappropriate localization) and claudin-2(A highly regulated tight junction protein) are positive

Hemogram

Total WBC - 6700 cells/mm³
RBC - 5.4mill/mm³
Hemoglobin - 15.7gm/dl
MCV - 81fl
MCH - 29pg
MCHC - 35gm%
Platelets count – 1.7lakhs/mm³

Liver function test

T.Bilirubin – 0.4mg/dl
D.Bilirubin – 0.1mg/dl
SGPT – 18U/L
SGOT – 26U/L
T.Protein – 7.2gm/dl

Renal function test

Blood urea – 16mg/dl
Serum creatinine – 0.7 mg/dl
Sodium – 139Meq/L
Potassium – 4.0Meq/L
Chloride – 103Meq/L
Serum amylase - 571U/L.
Lipase – 684 U/L
Fasting blood glucose – 80mg/dl
Serum calcium - 9.6mg/dl

DISCUSSION

Patient was with IV fluids while treatment. Treatment involved in such patients is removal of stones and reliving from obstruction of that stones which leads to the drainage of the pancreatic fluid in the pancreas. At present in cases refractory to endoscopic management, surgical drainage or pancreatic resection is often combined to lower increased intraductal calculi which are thought to be one of the main causes of pain. The successful relief of the pain benefits the symptomatic patient. PD stenting was done which is a safe procedure which leads to rapid

symptomatic control over the intermediate period and improves the life expectancy

DISCHARGE ADVICE

1. Tab.razo (Rabeprazole) 20MG 1 tab once daily 30min before breakfast.

It helps in healing of acid damage to the stomach and esophagus, helps prevent ulcers.

2. Cap.creon (pancrelipase) 25000 1cap thrice daily with meals.

This medication contains digestive enzymes to help break down and digest fats, starch, and proteins in food.

3. Cap.ME12 (mecobalamin) 1cap once daily×2months.

It Prevents the Deficiency of Vitamin B12.

4. Cap.lumia (CHOLECALCIFEROL) 60,000 1 cap once in week × 8 weeks.

It helps in maintenance of normal levels of calcium.

5. Tab.Trazodac (Tramadol) fast 1 tab SOS.

It is used to treat moderate to severe pain.

CONCLUSION

In this type of patient surgical therapy is the most suitable curative method for pancreatic duct stone in patients with severe symptoms or it may cause pancreatic carcinoma in this case is suspected. Micro invasive surgery is a developing new option for a select group of patients with pancreatic calculi. patient need to maintain some dietary and life style modifications .Dietary includes blueberries, red wine which are antioxidants which is good for the patient suffering from this type of disease and nutrition support also include such as avoid food containing trans fatty acids . The patient need to take supplement containing vitamin C, probiotic, alpha lipoic supplement ,omega 3 fatty acids containing food which help in increasing immunity and also decreases inflammation patient underwent pd stenting and at discharge he was stable for all the complications which he have before admitting into hospital was stable and recovered from pain.

REFERENCE

- [1]. Chronic calcific pancreatitis of the tropics with carcinoma Meenu Hariharan, Subhalal N, Anandakumar M, Chellam VG, Sathesh Iyp <http://www.ipans.org/publications/gastro.pdf> 142-149.
- [2]. Joellen w. Hawkings, rn, PhD, faan taber's cyclopedia, 21 edition, 1693-1694.
- [3]. NarasimhuluKV, GopalNO, RaoJL, VijayalakshmiN, NatarajanS, Surendran R,. Structural studies of the biomineralized species of calcified pancreatic stones in patients suffering from chronic pancreatitis. Biophysics Chem. 2005; 114:137-47. 6.
- [4]. Taneja S, Nagi B, Kochhar R, Bhasin DK, Lal A, Singh K. Intraductal pancreatic calculi in patients with choledochal cyst. Australas Radiol 2004; 48:302-5.
- [5]. Munir K, Bari V, Yaqoob J, Khan DB, Usman MU. The role of magnetic resonance cholangiopancreatography (MRCP) in obstructive jaundice. J Pak Med Assoc 2004; 54:128-32.
- [6]. Isogai M, Yamaguchi A, Harada T, Kaneoka Y, Washizu J, Aikawa K. Gallstone pancreatitis: Positive correlation between severe pancreatitis and passed stone. J Hepatobiliary Pancreat Surg 2005; 12:116-22.

How to cite this article: Ramoju Kishore kumar, N. Sriram, M.Sunil Kumar, Madhav reddy, N.Raju, Chronic calcific pancreatitis and pd stenting - A case report. Int J of Allied Med Sci and Clin Res 2015;3(4):532-534.