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Acute Pancreatitis In Pregnancy.

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ABSTRACT

Acute Pancreatits in pregnancy is a rare condition, especially in First and Second trimesters and comparatively common in Third Trimester. It has an incidence of 1:1000 to 1:10000 [1]. The main risk to the fetus is premature birth. Indications for surgical interventions are not affected by pregnancy, nor are indications for mode of delivery are affected by the Pancreatitis [4]. Herewith reporting a case of Acute Pancreatitis in Third Trimester emphasizing on the diagnostic and the treatment strategies.

Keywords: pregnancy, pancreatitis, trimester.

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INTRODUTION

A 29 Year old Primigravida presented at 34weeks gestation with severe abdominal pain, 2 episodes of vomiting and postprandial nausea. Pain was in Epigastric region radiating to back, and was not relieved by analgesics. She was crawling in pain, partially comfortable at forward leaning position. She was diagnosed as Acute Pancreatitis and managed by Surgeons with IV Fluids, Parenteral Nutrition, Analgesics, IV Pantoprazole, NPO for three days, Clear liquids on Day 4, Liquid Diet on Day 5, IV Antibiotics for 5days. On Admission, She was conscious, oriented, GC - Fair, Afrebrile with Temp- 98.8F, PR-106,

BP-110/70mmHg. On Examination, Her Uterus corresponding to 34 weeks gestation, with a good Fetal Heart Sound + . Tenderness in Epigastric region and Right Hypochondrium . Guarding + , Bowel Sounds were sluggish. Abdominal USG showed a Single Live Intra-Uterine Gestation approx 34weeks + 4Days with Adequate Liquor and Good Fetal Heart Sound. Gall Bladder showed Bile sludge, Pancreatic edema with Peri-pancreatic fluid was present. Total Count – 12825 ,ESR- 18mm, Serum Amylase 683 IU/L, Serum Lipase 467 IU/L, Liver function showed Elevated SGOT and SGPT, Renal Parameters were Normal Coagulation profile were normal, Lipid Profile with Elevated Serum Triglycerides – 382mg/dl. ECG – Normal. Endocrinologist treated her with Inj.Octreotide IV TDS. Patient was comfortable on day 6 of Admission, Her blood parameters improved And was discharged . She delivered one month later, with an uneventful postnatal period.

DISCUSSION

Though Acute Pancreratitis is rare in Pregnancy, Commonest cause include Bile stasis, Gall Stone Disease and hypertriglyceridemia, HELLP Syndrome, obesity, Trauma, hyperparathyroidism, Fatty Liver disease in pregnancy[1,2,3]. The effects in Pregnancy is Preterm Labour, prematurity and IUD.

During Pregnancy the volume of the Gall Bladder increases and the flow of bile decreases. The increased Oestrogen and bile cholesterol found in pregnancy lead to biliary stasis. Furthermore, the increased progesterone induces gallbladder smooth muscle relaxation, enhancing bile stasis. Gallstones can migrate in the common bile duct causing temporary or permanent obstruction of pancreatic duct leading to a rise in the hydrostatic pressure and activation of digestive enzymes within the pancreas.[1]

This Risk of Acute Pancreatitis is found to be highest in Third trimester of Pregnancy due to hypertriglyceridemia than gallstones.[3]

During Pregnancy, There is physiologic oestrogen induced increase in triglyceride-rich lipoprotein production and decrease in clearance of triglyceride due to suppression of lipoprotein lipase activity in the Liver and Adipose Tissue.

The disease usually appears during the third trimester or early postpartum period with symptoms like upper abdominal pain, Nausea, vomiting, fever, elevated serum amylase and lipase levels.

REFERENCES

[1] G. Ducarme, F. maire, P. Chatel, D. Luton, P. hammel. Acute pancreatitis during pregnancy : a review. Journal of Perinatology 2014;34:87-94.
[2] Efstathios P. Papadakis, Maria Sarigianni, Dimitri P. Mikhailidis, ApostolosMamopoulos, VasiliosKaragiannis. Acute pancreatitis in pregnancy : an overview. European Journal of obstetrics and Gynecology and Reproductive Biology 2011;159:261-266.
[3] Bahiya Abdullah, ThanikasalamKathiresanPillai, Lim HuayCheen, and Ray Joshua Ryan. Severe acute pancreatitis in pregnancy. Case Reports in Obstetrics and Gynecology 2015; Article ID 239068, 4 pages.
[4] Young KR Case Reports in Obstet Gynecol. 1982 Nov;60(5):653-7. Article PMID:6183629