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CHOLELITHIASIS AS A CAUSE OF ACUTE BILIARY PANCREATITIS

ABSTRACT
We studied the specific weight of biliary pancreatitis in the structure of patients with cholelithiasis. Based on the results of the studies, the cause of the occurrence of biliary pancreatitis -cholelithiasis and its diagnostic signs in the form of rapidly increasing hyperbilirubinemia and an increase in the level of ALT with a history for more than 20 years is proved.
Keywords:cholelithiasis, biliary pancreatitis, laparoscopic cholecystectomy,octreotide.

Introduction

Over the past 30 years, the incidence of acute and chronic pancreatitis has more than doubled worldwide. In Russia, there was a more intensive increase in the incidence of CP. Thus, the prevalence of pancreas diseases among adults over the past 10 years has increased 3 times, and among adolescents – more than 4 times [4].

Biliary pathology is the most frequent cause of acute and exacerbation of chronic pancreatitis. One of the reasons for the formation of biliary pancreatitis is gallstone disease (GD). The incidence of pancreatitis in patients with gastrointestinal tract, according to various estimates, is 25-90% or more [1, 3]. Every year, more than 1 million surgical interventions are performed in the world for gastrointestinal disorders, and cholecystectomy is the most common abdominal operation in General surgical practice. According to various authors, the incidence of biliary pancreatitis after surgery on the abdominal cavity reaches 20-25%, and after interventions on the biliary tract — 30 - 55% [2, 5]. According to the reporting data of the Republican hospital №2 – Emergency medical care center, cholelithiasis for 2014 amounted to 5.8% (118 patients) of all surgical pathologies. The problem of prevention of postoperative pancreatitis remains very relevant [6].

Research material and methods. The case histories of 20 patients admitted to the surgical Department of the Republican hospital №2 -Emergency medical care centerof Yakutsk with acute calculouscholecystitis, complicated in some cases by biliary pancreatitis, in the winter period from November to December 2014 were analyzed. Under the age of 35 years it was 4(25%) patients; under 50 years – 6 (37.5%) patients; over 50 years – 6 (37.5%) patients. The average age of patients was 45.5 years.

The proportion of patients with cholelithiasis: indigenous -16(80%), non-indigenous-4 (20%) (Fig.1).Duration of the disease: from 1 up to 20 years -3 (60%), 20-40 years -17 (40%).

Results and discussion

The number of patients with biliary pancreatitis among 20 patients with gastrointestinal tract is – 7(35%) patients, of them 4 (20%) – women, 3 (15%) – men, while indigenous-5(71.4%), non-indigenous-2 patients (28.6%). The last

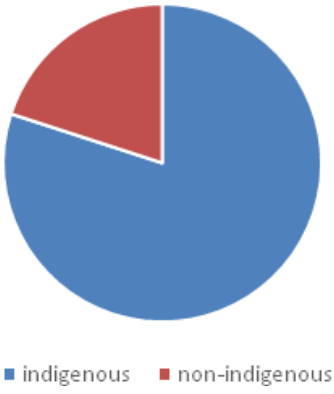

Fig.1. Structure of patients with cholelithiasis

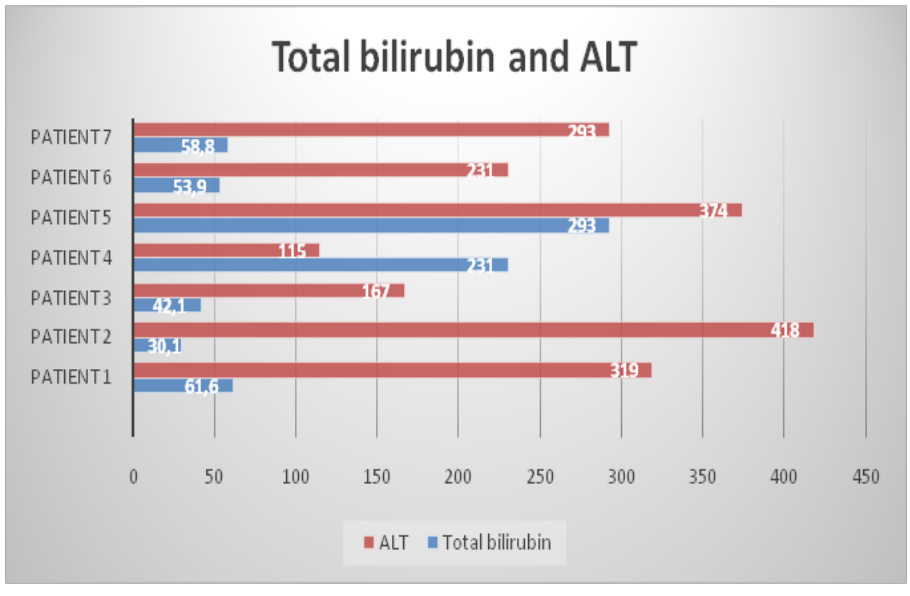

Fig. 2. Indicators of total bilirubin and ALT in patients with biliary pancreatitis

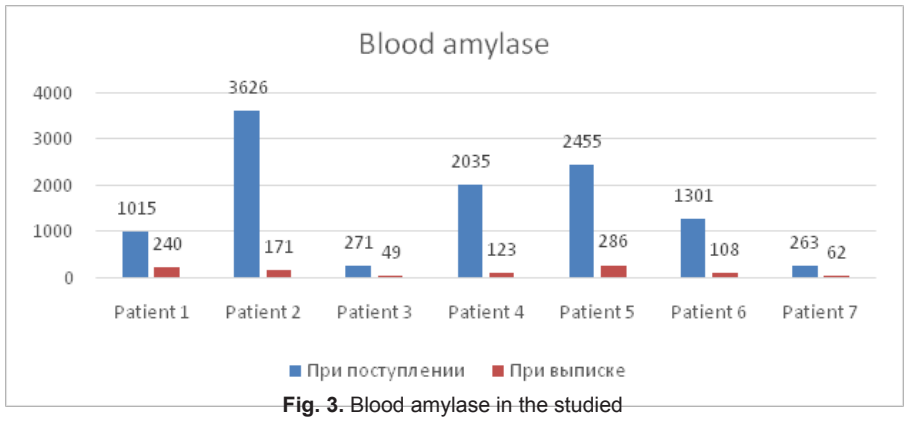

Fig. 3. Blood amylase in the studied

exacerbation was observed 2-3 days ago. Admission: consumption of excessively fatty food is present in all patients (100%) of the cases. Clinical picture: pain in the epigastric region manifested in (80%) cases in the epigastric and right upper quadrant (20%). Dyspepsia: vomiting (20%) patients, nausea (60%), without symptoms of dyspepsia (20%) of the cases. Diagnostic signs of pancreatitis biliary origin are rapidly increasing hyperbilirubinemia, with an increase in ALT (Fig.3).

Laboratory data of the studied group at admission: cholesterol within 6.8 mm / l-in (20%) patients, increase in the level of total bilirubin (from 31 μmol/l to 293) in (40%) cases, glucose to 8.3 V(100%), AST to 392 - (40%), ALT to 418 u (80%), amylase to 3626 - (20%) patients. The increase in biochemical parameters is typical for patients with more than 20 years of experience in gastrointestinal tract.

A high level of amylase in 4-28raz above the norm in the range from 569 to3626 u/l (at a rate of 15 — 130 units/ liter) was determined in biochemical blood analysis in 7(35%) patients (Fig.2).

Increased Alt activity above 34 U / l to 167 U / l was observed in 2 patients (28.5%). In 6 times the increase in Alt (up to 418 u/l) was observed in 5 patients (71%), the experience of the disease more than 20 years. An increase in total bilirubin above 21 μmol/L. to 58.8 was present in 5 patients (71%), an increase from 231 μmol/L. to 293(ie, 14raz) in 2(28.5%) patients, the experience of GIT disease more than 20 years. .

On ultrasound of the abdominal cavity -the presence of multiple nodules in (60%) cases, moderate hepatomegaly- in (20%), in the future, when ultrasound, signs of edema of the LV are determined: the heterogeneity of its structure, the irregularity of the contours in (80%) cases. Esophagogastroduodenoscopy of all 7 patients with acute biliary pancreatitis revealed gastritis (Fig.4): superficial –in 4 (57.1%) patients, erosive – 2 (28,6%), atrophic – 1 (14.3%) cases.

Endoscopic signs of superficial gastritis: mucosa expressed the brilliance (lots of mucus). The mucosa is moderately edematous, hyperemic from moderately red to cherry color. Hyperemia can be a drain and focal. Laparoscopic cholecystectomy was performed in patients with gastrointestinal tract complicated by biliary pancreatitis. To suppress immune inflammation, hormone therapy is prescribed. One of the most effective drugs in this category is octreotide. Its effect is to relieve inflammation, reduce enzymatic activity, as well as reduced secretion of the stomach and pancreas. After use, already on the third day there is a significant decrease in the activity of blood amylase. The effectiveness of the drug is reflected in Fig .2.

We present a clinical case.Patient S., 32 years old.Nationality: Sakha.

Clinical diagnosis: Acute biliary pancreatitis. Edematous form.GSD. Chronic calculous cholecystitis.Stenosis of terminal part of common bile duct. Migration of concrements.

Complication: Mechanical jaundice. State after ERCPG.EPST.Revision byDormiabasket.

Clinic. Complaints of bursting pain in the epigastrium with irradiation in the right hypochondrium, expressed general weakness, dry mouth, nausea, vomiting, weight loss of 8 kg.

Medical history: he has been ill since

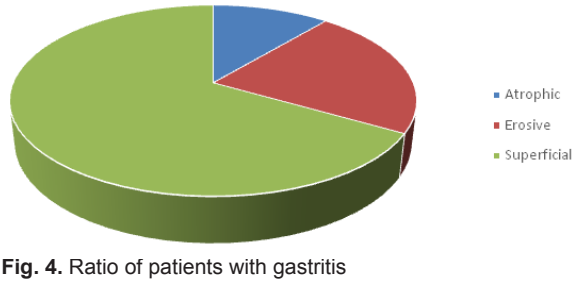

Fig. 4. Ratio of patients with gastritis

December 2015, when there was pain in the epigastrium of burning nature; he took gastric pills, a few days later the pain passed. In January 2016 suffered a rotavirus infection (sick) with fever up to 40C, epigastric pain bothered 2 days, and then remained weak, dieted, hunger. The re-deterioration after ingestion of spicy food in a small amount 07.03.16 again epigastric pain, then took tensile in nature radiating to both upper quadrant. Comply with the diet, the pain subsided. Deterioration since the 20th of March. 29.03.16 in the morning he ate a sandwich with butter, boiled sausage. In the afternoon, increased pain in the epigastrium, right hypochondrium, at night 2 times vomiting. Addressed to the receiving Department, after ultrasound of abdominal cavity, taking tests he was hospitalized in emergency department on the severity of the condition.

Survey data:

30.03.16 CBC: leukocytosis (11,7 10^9/L), lymphopenia (8%), acceleration of ESR (18 mm/h).

30.03.16 Biochemical blood test: hyperproteinemia (92.59 g/l), hyperbilirubinemia (total-86.39 mmol/l, direct-73.78 mmol/l), hyperamylasemia (4746.6 U/l), increased ALT (319 U/l) and AST (271ed.l).

30.03.16 Urine test: hyperstenuria (1030), proteinuria (1 g/l), leukocyturia=1-2-2. Appointed infusion therapy, octreotide. Preoperative preparation included: introduction of Ringer solution 500 ml once a day intravenously drip;cerukal 2 ml 3 times a day i/m; no-spa 2 ml 3 RVD V/ m; mixtures (MgSO4 25% 5 ml, insulin Actrapid NM 12 IU, glucose 10% 500 ml, KCl4% 30 ml); Aprotex 10 ml 3 RVS V / drip; Cefotaxime 1gr 2 times a dayi / m – 16 (100%); -0.01% 1 ml of 3 times a dayi/v . The patient underwent surgery. The postoperative course was without complications. Discharged with improvement on 17 day.

Summary

1. The most common is cholelithiasis in indigenous residents of Yakutsk, they accounted for 80% of patients.

2. Patients with acute biliary pancreatitis make up 35% (7) of all patients urgently hospitalized due to cholelithiasis (20 patients) for a short winter period (November-December). More common in women-4 (20%) than in men – 3 (15%).

3. There is a high rate of total bilirubin and ALT in 71% of patients with biliary pancreatitis with long-term cholelithiasis (more than 20 years).

4. Octreotide has a pronounced effect in patients with biliary pancreatitis, reducing the level of activity of amylase.

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