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Research Article

**ETIOLOGICAL PROFILE AND CLINICAL OUTCOME OF
PATIENTS WITH ACUTE PANCREATITIS****¹Dr. Muhammad Adnan Bawany, ²Dr. Sandesh Kumar, ³Kamlesh Kumar Ahuja,****⁴Dr. Hamid Nawaz Ali Memon, ⁵Dr. Samar Raza and ^{*2}Muhammad Jan Khetran**

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Article Received: May 2019**Accepted:** June 2019**Published:** July 2019**Abstract:**

Objective: To determine the etiological profile and clinical outcome of patients with acute pancreatitis.

Patients and Methods: A total of fifty patients of acute pancreatitis were explored and included in the study. All the patients with age >18 years of age diagnosed as AP (having abdominal pain suggestive of acute pancreatitis, increase serum amylase or lipase activity and with characteristic radiological findings. Patients with chronic pancreatitis, pancreatic malignancy and already immuno compromised were excluded whereas the frequency / percentages (%) and means \pm SD computed for study variables.

Results: During six month study period total fifty patients had acute pancreatitis were explored and study. The mean \pm SD for age (yrs) of population was 49.92 ± 4.53 . Regarding gender male 34 (68%) and female 16 (32%), etiology the gall stone 20 (40%), alcohol 08 (16%), idiopathic 11 (22%), hypertriglyceridemia 06 (12%) and autoimmune 05 (10%) while the outcome as recovered 42 (84%) and died 08 (16%) whereas the hospital stay (wks) <1 (76%) and ≥ 2 (24%) respectively.

Conclusion: Acute pancreatitis is a major cause of acute abdomen while the alcohol and gallstone are the most important etiological agents.

KeyWords: Acute pancreatitis, etiological profile and outcomes.

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INTRODUCTION:

Acute pancreatitis (AP) is an incendiary process of the pancreas with fluctuating contribution of territorial tissues or remote organ frameworks and with possibly destroying outcomes [1]. The determination of mild disease might be missed and demise may happen before finding in 10% patients with serious illness. AP runs a benevolent course in Asian nations and the etiology is not the same as that of the western populace. Nerve stones and alcohol misuse represent 70% of instances of AP [2]. Studies have recommended that hemoconcentration may comprise a decent marker for seriousness of AP, yet others were not able to locate a noteworthy connection with the advancement of organ failure, pancreatic rot or demise [3, 4]. Along these lines, the estimation of hemoconcentration in the underlying evaluation of AP patients and its suggestions in forecast stay questionable. In this foundation, the present investigation was attempted to think about the etiology, clinical profile, seriousness and result of intense pancreatitis at teaching hospital.

PATIENTS AND METHODS:

A total of fifty patients of acute pancreatitis were explored and included in the study. All the patients

with age >18 years of age diagnosed as AP (having abdominal pain suggestive of acute pancreatitis, increase serum amylase or lipase activity and with characteristic radiological findings. Patients with chronic pancreatitis, pancreatic malignancy and already immunocompromised were excluded. The detailed history and clinical examination was done, the BMI was calculated and the laboratory tests performed includes hematological parameters, pancreatic enzymes, liver function tests, serum triglyceride, serum CRP, urea and creatinine, blood glucose level, serum lactate dehydrogenase - LDH, serum corrected calcium level and arterial blood gas analysis. All individuals had ultrasound of abdomen and CT while the organ failure score was also estimated by Marshall scoring system while all the patients were managed accordingly. The data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients had acute pancreatitis were explored and study. The mean \pm SD for age (yrs) of population was 49.92 ± 4.53 . The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	04	8.0
30-39	11	22
40-49	13	26
50-59	15	30
60+	07	14
GENDER		
Male	34	68
Female	16	32
RESIDENCE		
Urban	26	52
Rural	24	48
ETIOLOGY		
Gall stone	20	40
Alcohol	08	16
Idiopathic	11	22
Hypertriglyceridemia	06	12
Autoimmune	05	10
OUTCOME		
Recovered	42	84
Died	08	16
HOSPITAL STAY (wks)		
<1	38	76
≥ 2	12	24

DISCUSSION:

AP is a typical emergency representing 3% of all patients conceded with intense pain in abdomen. The range of the disease is wide extending from mild attack with abdominal discomfort to multi-organ dysfunction and demise. The mild injury frequently goes undiscovered inclining to a serious second assault. Alcohol utilization is increasingly normal in middle age guys it could clarify the prevalence of middle age in our series. This is practically identical to the study done by Uhl W and Raghu MG [5, 6] where it was 50 years and 42.9±15.9 years individually. In our investigation, male populace was prevalent and can be practically identical with the study by Uhl W [5]. The presentation in our study connects correlate with Mitchell S and Rao BS et al [7, 8]. In a series by S Macro et al [9] the most well-known etiology was alcohol usage (39.3%) trailed by gallstones (24.1%). Our study is practically identical to different investigations for corpulence as a hazard factor for severe AP. Out of 08 patients who expired on, 7 had serious pancreatitis and 1 had moderate pancreatitis. Consequently the general mortality in severe pancreatitis in our study is 16% and is higher than the series by Bota S [10] where overall mortality rate was 4.6%.

CONCLUSION:

AP is a major cause of acute abdomen while the alcohol and gallstone are the most important etiological agents; moreover the hematocrit and BMI during admission are helpful risk predictors for severe pancreatitis.

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