ACUTE PANCREATITIS IN PREGNANCY

Author(s): Naushin Imam, Nida Afshan, Mrs. Manjambigai, Royal Gwent Hospital

Author's E-mail:naushin.ahmad@hotmail.com

Aim: Raising awareness of Acute Pancreatitis in Pregnancy

Introduction:

Acute Pancreatitis in pregnancy is a rare disease and main causes are biliary stone and hyperlipidaemia[1]. Hyperlipidemic pancreatitis is most likely to lead to fetal distress. Overall reported incidence of acute pancreatitis in pregnancy is 3 in 10,000 pregnancies[3].

Case Report:

We saw a 33yr old patient in her third pregnancy. She presented to the Obstetric assessment unit at 37 weeks gestation with history of persistent diarrhoea and vomiting for 2 days. Previously she had normal vaginal deliveries and with no other significant medical or surgical history.

Examination was unremarkable with stable vital signs, Abdominal examination and fetal monitoring was normal for gestation. Urine dipstick showed some evidence of dehydration ketone 1+. She was admitted to the ward and commenced on IV fluids for rehydration and baseline blood tests were performed. Serum amylase was raised at 633 IU/L, Potassium was slightly low at 3.4 mmol/L the rest of the bloods were essentially normal.

An abdominal ultrasound scan was requested which showed stone in gall bladder neck and normal looking pancreas. She was commenced on potassium supplements. Repeat blood tests showed falling haemoglobin and rising amylase and CRP. Surgical review was requested in view of amylase of 1011IU/L and diagnosis of acute pancreatitis was made.

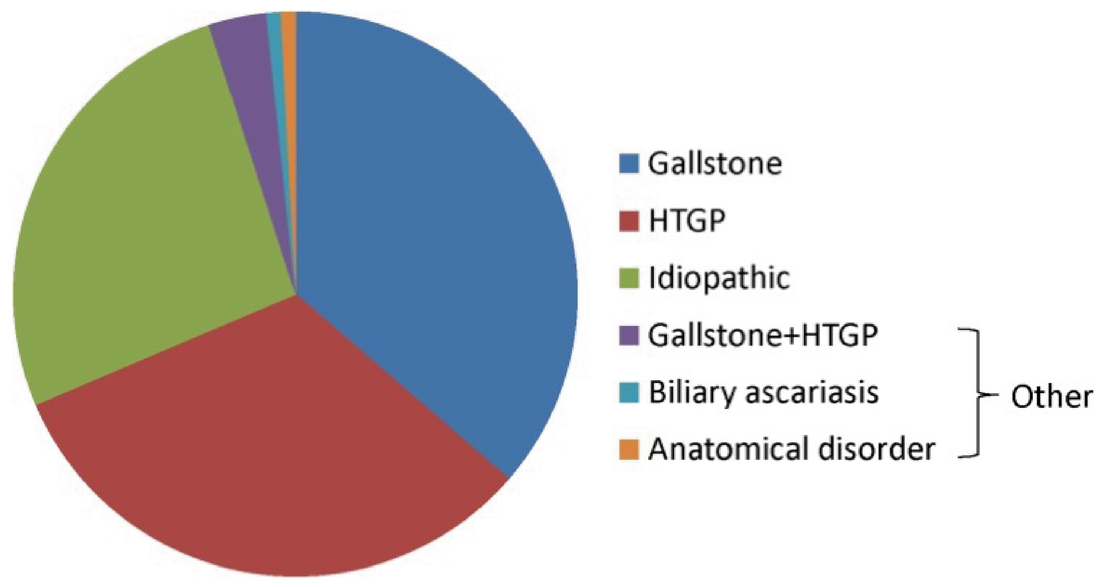
The surgical team decided to manage the patient conservatively till delivery, as her severity score was 2 (low risk). In view of persistent vomiting with raised amylase and favourable Bishops score she was induced. She had an uneventful labour and delivered 3.4 kg baby vaginally. Postnatally bloods were repeated on day 1 which showed normal amylase level. Patient was discharged from maternity with follow up appointment with the surgical team.

Conclusion:

The incidence of preterm delivery, fetal distress, and fetal loss increases with the progression of severity of APIP. It is worse in women with Pancreatitis secondary to hyperlipidaemia.

Gallstone remains the most common cause of acute pancreatitis in pregnancy. Other risk factors include increased maternal age, increased pregnancy number, high fat diet as well as higher body mass index. Previously the mortality rate was very high 37% for the mother and 60% for the fetus, whereas more recently the numbers have decreased significantly due to the improvements in the diagnosis, intensive and neonatal care[2].

Management of acute pancreatitis in pregnancy involves multidisciplinary input. Acute Pancreatitis can present without abdominal pain. Consider checking amylase levels in case of vomiting in second and third trimester. The aetiology and severity affects the timing and mode of delivery as well as its outcome.



Different causes of Pancreatitis in pregnancy
Arch Gynaecol Obstet .2018 Feb

GIG CYMRU NHS WALES
Bwrdd lechyd Prifysgol Aneurin Bevan University Health Board

References:

1. Causes of fetal loss in APIP, Tang M ,Xu JM ,Song SS, Mei Q , Zhang LJ Medicine (Baltimore).2018 Feb
2. Clinical characteristics of acute pancreatitis in pregnancy: experience based on 121 cases. Lingyu Luo, Hao Zen, Hongrong Xu, Yin Zhu, Pi Liu, Liang Xia, Wenhua He. Arch Gynaecol Obstet .2018 Feb
3. APIP Int J Appl Basic Med Res.2013 July-Dec;3(2):122-125
4. APIP Int J Gynaecol obstet. 2015 Aug ;130(2):123-6 . Epub 2015 May 2