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CASE REPORT

Acute pancreatitis caused by intragastric balloon: A case report



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KEYWORDS

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Summary Obesity represents a global hazard that predisposes to many serious health problems. Various solutions have been proposed to overcome obesity ranging from dietary balance to bariatric surgery. Intragastric balloons are a widely used measure to decrease weight, although they are advocated as safe devices, some major complications have been reported. We report a case of acute pancreatitis after insertion of a gastric balloon for weight reduction. Abdominal pain associated with nausea and vomiting maybe due to acute pancreatitis caused by compression of the pancreas by the balloon. It is advisable that physicians recognise these complications early to avoid serious and severe end-results.

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Introduction

Obesity is a global ailment that affects all age groups regardless of socioeconomic status [1]. Rates have shown a worrisome surge recently with more than 2.1 billion individuals affected [2]. Obesity is classified according to body mass index (BMI), where a person is considered to be overweight

when his BMI exceeds 25 kg/m², and reaches obesity when it exceeds 30 kg/m² [2]. Obesity increases the likelihood of various diseases, particularly cardiovascular diseases, hypertension, stroke and even cancer [1]. Dieting and exercise are the main treatment of obesity [1]. Adjuvant drugs have been shown to reduce appetite, and decrease fat absorption, however they lack a well established efficacy, and carry significant side effects [3,4]. Surgical intervention is considered for patients who have a BMI of 40 kg/m² or even lower if they have failed conservative treatment or have serious comorbid conditions [3,4]. Intragastric balloon (IB)

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insertion is a non surgical, short term modality for weight loss, which have shown acceptable efficacy in weight reduction. However several side effects were reported ranging from the simple like nausea and vomiting to the more serious such as bowel perforation [5–8]. We present here a case of acute pancreatitis following insertion of a saline filled intragastric balloon.

Case report

Our patient is a 26 year old female (BMI of 28) who presented to our obesity clinic for weight management. She had attempted several cycles of dietary restriction and exercise with suboptimal results. Her past medical history included hyperinsulinemia as documented by her blood profile. She reported no history of abdominal pain and her system review was essentially negative. An ultrasound of abdomen previously performed was unremarkable. After an informed consent was obtained, and risk and benefits were clearly explained, a Biogen Intragastric Balloon (BIB) was inserted and filled with 650 cc of methylene blue tinged normal saline. The procedure was smooth and straight forward and no immediate complications were noted. The patient was monitored for an hour post-procedure and discharged home on anti-emetics and anti-spasmodics as well as PPI. Two days later she presented to the emergency department, with epigastric pain, and intractable vomiting. She was given anti-emetics and pain killers and was discharged home after improvement of her symptoms. She presented again 24 h later with vomiting, but this time the pain was severe and radiating to the back. She was admitted to the hospital for IV hydration and further management. Her blood tests revealed significant elevation in lipase and amylase with normal transaminases and bilirubin (Table 1). After IV hydration, a CT scan of abdomen was performed, it revealed compression of the pancreas at the level of its body by the dilated stomach containing the balloon with subsequent main pancreatic duct dilatation (Fig. 1). Imaging did not reveal any bile duct dilatation or gall bladder stones and the blood profile showed a normal triglycerides level. And since the patient was not an alcohol consumer, the most likely cause was deemed traumatic compression by the balloon-filled stomach. The second day the BIB was smoothly removed; the pain subsided along with significant decrease of the pancreatic enzymes (amylase and lipase). She was discharged two days later in stable condition with no recurrence of symptoms.

Table 1 Laboratory values of the patient upon admission.

Laboratory test	Value
WBC	$9.1 \times 10^3 / \mu\text{l}$
Neutrophils	64%
Hematocrit	37%
Platelets	$345 \times 10^3 / \mu\text{l}$
ESR	32 mm
INR	1.29
Creatinine	0.89 mg/dl
Sodium	142 mmol/L
Potassium	3.2 mmol/L
Chloride	104 mmol/L
CO ₂	24 mmol/L
Calcium	9.68 mg/dl
SGOT(AST)	29 IU/L
SGPT(ALT)	45 IU/L
Alkaline phosphatase	77 IU/L
GGT	44 IU/L
Total bilirubin	0.77 mg/dl
Direct bilirubin	0.21 mg/dl
Amylase	520
Lipase	730
Cholesterol	150 mg/dl
Triglyceride	124 mg/dl
HDL cholesterol	23 mg/dl
LDL cholesterol	102 mg/dl
CRP	17
Total protein	7.4 g/dl
Albumin	4.2 g/dl
Globulin	3.2 g/dl

Discussion

Intragastric balloons are a non surgical, endoscopically performed procedure, used to reduce the size of the stomach and thus its capacity to accommodate food [9]. The first generation of intragastric balloons was introduced in 1985 as Garren-Edwards Gastric Bubble (GEGB) to be abandoned soon after



Fig. 1 CT scan showing the stomach filled by the intragastric balloon compressing the pancreas.

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