



Original article

Acute Pancreatitis During Pregnancy, 7-Year Experience of a Tertiary Referral Center[☆]



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A B S T R A C T

Introduction: Acute pancreatitis is a common cause of acute abdomen in pregnant women. The purpose of this study was to determine the frequency at our institution and its management and outcomes.

Methods: A retrospective analysis of a database of cases presented in 7 consecutive years at a tertiary center was performed.

Results: Between December 2002 and August 2009, there were 19 cases of acute pancreatitis in pregnant women, 85% with a biliary etiology. The highest frequency was in the third trimester of pregnancy (62.5% cases). In cases of gallstone pancreatitis, 43.6% of pregnant women had previous episodes before pregnancy. A total of 52.6% of the patients were readmitted for a recurrent episode of pancreatitis during their pregnancy. Overall, 26.3% of the patients received antibiotic treatment and 26.3% parenteral nutrition. Laparoscopic cholecystectomy was performed during the 2nd trimester in two patients (10.5%). There was no significant maternal morbidity.

Conclusion: Acute pancreatitis in pregnant women usually has a benign course with proper treatment. In cases of biliary origin, it appears that a surgical approach is suitable during the second trimester of pregnancy.

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Pancreatitis aguda durante la gestación, experiencia de 7 años en un centro de tercer nivel

R E S U M E N

Introducción: La pancreatitis aguda es causa frecuente de abdomen agudo en gestantes. El objetivo era conocer la frecuencia en nuestro centro, así como su manejo y resultados.

Metodología: Análisis retrospectivo de los casos presentados en 7 años consecutivos, buscando en la base de datos de un centro de tercer nivel.

Resultados: Entre diciembre de 2002 y agosto del 2009, hubo 19 casos de pancreatitis aguda en gestantes, el 85% de ellos de etiología biliar. La mayor frecuencia era en el

Palabras clave:

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tercer trimestre (62,5% casos). En los casos de pancreatitis litiásica, el 43,6% de las gestantes habían presentado episodios previos al embarazo. El 52,6% reingresaron por una recidiva del episodio de pancreatitis. Recibieron tratamiento antibiótico el 26,3%, y nutrición parenteral otro 26,3%. Se intervino de colecistectomía laparoscópica durante el segundo trimestre a 2 pacientes (10,5%). No hubo morbilidad materna e infantil significativa.

Conclusión: La pancreatitis en gestantes suele tener una evolución benigna con el tratamiento adecuado. En los casos de origen biliar, parece seguro intervenir durante el segundo trimestre de gestación.

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Introduction

Acute pancreatitis is a relatively common disease in pregnant women (1/1500–4500 pregnancies), and most are gallstone related (70%) due to hormonal lithogenic effects.¹ Similarly, other causes, such as hypertriglyceridemia (20%), and other less common, such as hyperparathyroidism, autoimmunity or toxic elements can trigger acute pancreatitis symptoms in pregnant women. Its progression can be fatal; fetal losses of up to 4.7% were documented in a series of 34 cases.¹

Our review aimed to determine epidemiology of acute pancreatitis in pregnant women, the treatment performed and outcome in terms of associated maternal and infant morbidity and mortality at our center.

Patients and Method

We performed a retrospective study from December 2002 to August 2009, using searches for diagnoses with the terms “pregnancy”, “pregnant”, “pancreatitis” in our hospital’s CIM-9 database. We reviewed written and electronic medical records, and we tried to contact patients by telephone for whom no study data was available in order to gather information. We performed a descriptive data analysis, including: affiliation, pregnancy status, diagnostic tests, staging pancreatitis severity with the Ransom² scale or the Balthazar³ score, clinical changes, surgical intervention and termination of pregnancy.

Results

From December 2002 to August 2009, a total of 16 549 births were recorded in our center. However, only 19 patients were reported with acute pancreatitis episodes, representing 1.15/1000 pregnancies. The total of acute pancreatitis, according to the database, in that period was 1778 cases, which means that acute pancreatitis in pregnant women was 1.06%. The data obtained are listed in Table 1. Pancreatitis symptoms occurred mostly during the third trimester (52.65%). The most common was biliary etiology in 85% of cases (16/19). For the remaining 15%, a secondary case was attributed to hyperlipidemia, one idiopathic and another possibly of biliary origin (patient with pre-pregnancy cholecystectomy). Likewise, it was found that 100%

of pregnant women who had an acute pancreatitis episode during the first trimester of pregnancy, were later readmitted for the same reason. However, patients who experienced an acute pancreatitis episode in the second or third trimesters had a relapse in 50% of cases during pregnancy. One patient suffered acute pancreatitis overlapped with delivery and the immediate postpartum period. Overall, we found that 52.6% of patients were readmitted to our hospital for recurrence of pancreatitis episodes.

The average stay of patients was 16.9 days per acute pancreatitis episode.

Diagnostic Methods

For all cases, diagnosis of acute pancreatitis was clinical and analytical; the mean serum amylase at diagnosis was 1091 IU/l (range: 181–4600 IU/l). Imaging methods used for the diagnosis and staging of severity included abdominal ultrasound, nuclear magnetic resonance cholangiography (NMRC) and abdominal computed tomography (CT). Abdominal ultrasound was performed in 100% of patients. 26% of pregnant women also underwent NMRC. 21% of patients (not coincident with the NMRC) also underwent abdominal CT; all cases were in the third trimester of

Table 1 – Data on the Patients Studied.

	No.=19
Mean age in years (min–max)	30.9 (20–38)
Patients with acute pancreatitis episodes before pregnancy, % (n/No.)	52.60 (10/19)
Mean episodes prior to pregnancy, (n)	2.05
Severity of acute pancreatitis, % (n)	
<i>According to Ransom admission criteria</i>	
0–2 points	100.0 (19/19)
2–8 points	0 (0/19)
<i>According to abdominal CT Balthazar radiological criteria</i>	
Grade A	50 (2/4)
Grade B	0 (0/4)
Grade C	25 (1/4)
Grade D	25 (1/4)
Mean stay in days (min–max)	16.9 (5–68)
Recurrent acute pancreatitis symptoms during pregnancy (%)	52.6

CT: computerized tomography.

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