



Case report

A case of recurrent acute pancreatitis in an obese child



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ABSTRACT

Objective: The aim of this report was to elucidate the relation between pancreatitis and obesity in children.

Methods: We present a case of recurrent acute pancreatitis in an obese girl.

Results: A 7-y-old healthy obese girl was admitted with epigastric pain and vomiting. She had prior history of three similar episodes with epigastric pain, and diagnosed as having acute pancreatitis 2 mo ago. At time of admission, her height was 128.5 cm (>95th percentile), weight 35.8 kg (>95th percentile), and body mass index 21.7 kg/m² (>95th percentile for age). Serum amylase and lipase levels were elevated, and other laboratory findings including viral markers, autoantibodies, and genetic testing were negative. Abdominal ultrasonography and computed tomography scan revealed acute pancreatitis with no evidence of stone or tumor. Anomalous pancreaticobiliary ductal union with choledochal cyst was suspected on magnetic resonance cholangiopancreatography and endoscopic retrograde cholangiopancreatography. After the surgery, with supportive care and diet, her symptoms were improved and no new episode of pancreatitis was observed.

Conclusions: Our experience suggests that obesity is associated with recurrence as well as severity of acute pancreatitis in children.

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Introduction

Acute pancreatitis in children is uncommon, and there are limited case series or studies in pediatric population [1–8]. Recently, the prevalence of acute pancreatitis and recurrent pancreatitis in children has increased worldwide, and various etiologic factors such as biliary diseases, drugs, systemic diseases, or gene mutations have been suggested as causes of this increase [1–4,8]. However, idiopathic cases are still high, and the relation between recurrent pancreatitis and obesity in children is unclear. Herein, we present a case of recurrent acute pancreatitis in a 7-y-old obese girl with anomalous pancreaticobiliary ductal union (APBDU) and choledochal cyst. She was successfully treated with surgery and supportive care.

Case report

A 7-y-old healthy obese girl was admitted complaint of epigastric pain and vomiting for 2 days. She had no fever, cough, or diarrhea. She was previously healthy and had no history of trauma or gallstone. She had prior history of three similar episodes, and had been diagnosed as having acute pancreatitis and obesity 2 mo ago. There was no family history of hyperlipidemia, pancreatitis, gallstones, or liver disease. At the time of admission, the child's height was 128.5 cm (>95th percentile), weight was 35.8 kg (>95th percentile), and body mass index (BMI) was 21.7 kg/m² (>95th percentile for age) (Fig. 1). Her vital signs were as follows:

Body temperature: 36.3°C

Pulse rate: 87 beats/min

Respiratory rate: 22 breaths/min

Blood pressure: 101/61 mm Hg

On physical examination, mild epigastric tenderness without organomegaly, masses, guarding, or rebound tenderness was noticed. She had no skin lesions or hyperpigmentation. Laboratory investigation showed the following:

BOK, KSK, and SC conceived of and designed the report. BOK, MJL, and HWP analyzed and interpreted the results of research. BOK drafted the manuscript. MJL, HWP, and SC edited and revised manuscript. BOK, KSK, and SC approved the final version of manuscript.

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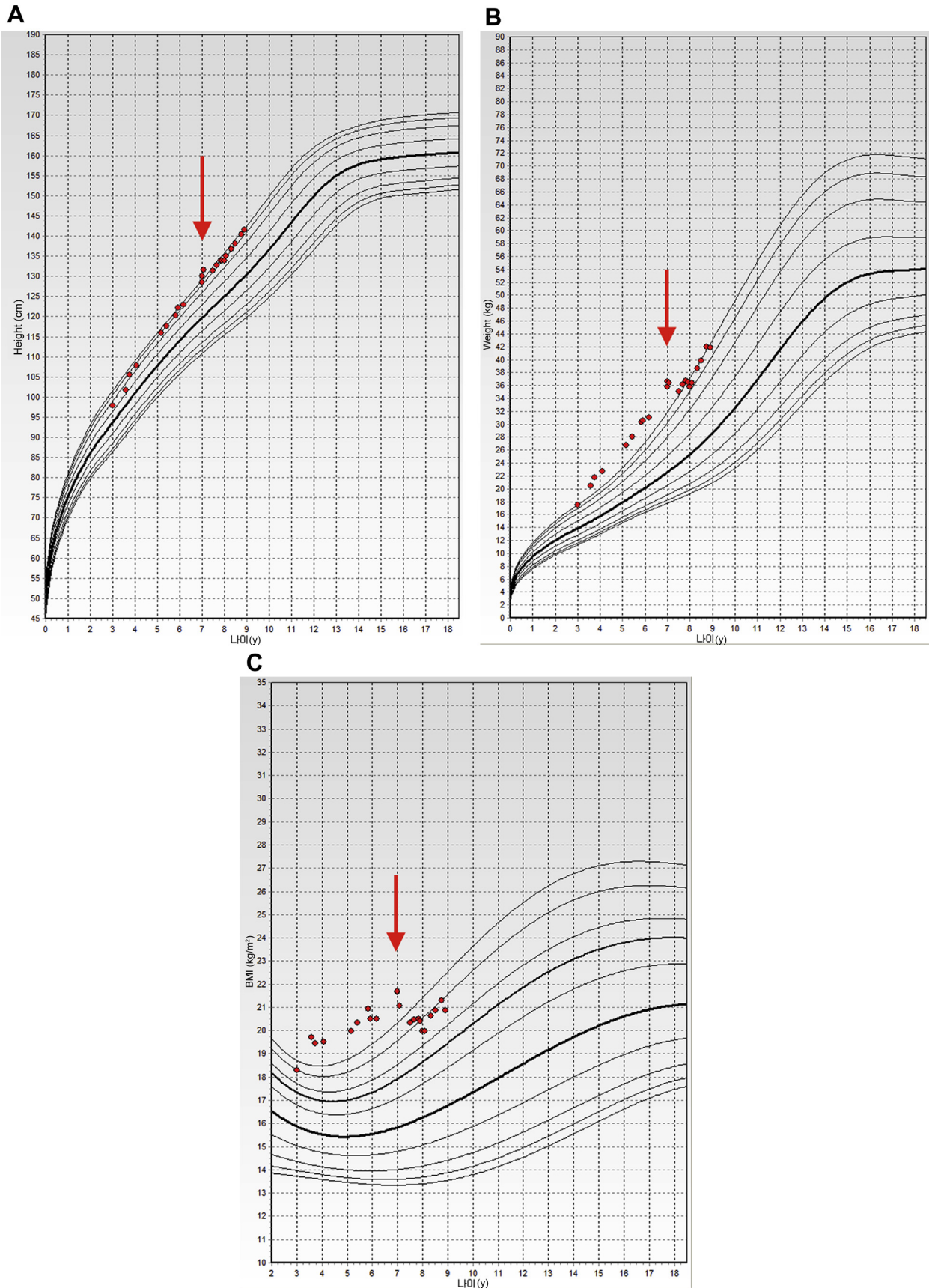


Fig. 1. Growth charts for height (A), weight (B), and body mass index (BMI) (C) of the patient. Arrow indicates index at time of admission.

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