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Chronic calcific pancreatitis with cholelithiasis: Case report

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Abstract

Chronic calcific pancreatitis is a long-standing inflammation of the pancreas that alters the organ's normal structure and functions. It can present as episodes of acute inflammation in a previously injured pancreas, or as chronic damage with persistent pain or malabsorption. Cholelithiasis is a hardened deposit within the fluid in the gallbladder, a small organ under the liver. Aim of the article is to present a case of chronic calcific pancreatitis with cholelithiasis and a 38 years old male reported with a chief complaint of epigastric pain and mild abdominal distension. He was treated with surgical procedure of Laparoscopic cholecystectomy and pharmacological treatment with Chenodeoxycholic acid.

Keywords: chronic calcific pancreatitis, cholelithiasis, laparoscopic cholecystectomy

Introduction

A 38 years old male with a history of cholelithiasis presented with dull aching epigastric pain and mild abdominal distension. On physical examination, patient was found to have right upper quadrant and epigastric tenderness with hepatosplenomegaly. Laboratory investigations showed normal liver function with increased serum lipase. We present a known case of gallstone disease with dull aching epigastric pain and abdominal distension, who on evaluation showed chronic calcific pancreatitis with cholelithiasis.

Case Description

A 38 years old male reported with a complaints of dull aching epigastric pain and abdominal distension. He was treated with surgical procedure of Laparoscopic cholecystectomy and pharmacological treatment with Chenodeoxycholic acid has been effective in dissolving about 60% of radiolucent gallstones composed primarily of cholesterol, and analgesics in medical history, in physical examination, on USG two large cystic lesions were noted in the liver and spleen. Thinned out pancreatic parenchyma with dilated MPD containing multiple calculi were also visualized suggesting chronic calcific pancreatitis. Multiple gallbladder calculi were also seen. CT-Scan findings of chronic calcific pancreatitis with cholelithiasis, for confirmation, aspirate was obtained from the cystic lesions which showed very high levels of pancreatic enzymes. Abdominal radiography, radionuclide imaging and cholecystography.

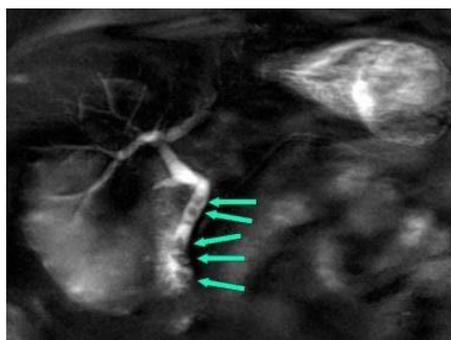


Fig 1: MRI in the diagnosis of cholelithiasis

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Discussion

Pancreatic cholelithiasis is a well-known complication of acute and chronic pancreatitis. Gallstones are most prevalent gastrointestinal disorder which is prevalent 10% to 15% of adults in developing countries. This condition may be asymptomatic but sometimes it becomes symptomatic and it needs current treatment including surgical treatment.

Here in this case patient observed the symptoms of acute pain in right upper abdominal region, feeling of nausea and vomiting. For the evaluation of gallstones related disease, the diagnostic criteria consisting of complete physical examination, laboratory evaluation and imaging of right upper quadrant and then cholecystectomy advised to the patient. Reports of abdominal ultrasound and liver function test reveal the evidence of gallstones disease. In pelvic abdominal ultrasound spleen, liver, pancreas, kidneys and urinary bladder seen normal but in Gallbladder calculi of 15mm were seen. Which caused the right upper abdominal pain, nausea and vomiting. And in liver function test report the total bilirubin level was raised at 3.5mg/dl.

In gastroenterology diseases, cholelithiasis is one of most common disease. To diagnose the cholelithiasis history taking from client or physical examination is performed. Other investigations include blood reports, ultrasonography, abdominal x-ray, CT scan and ERCP. After confirmation of cholelithiasis client may be recommended for cholecystectomy or Laparoscopy.

On the other hand, patient verbalization of pain in epigastric region or right hypochondriac region with nausea and vomiting increases the susceptibility towards the cholelithiasis. These are the only symptoms which significantly associated with gallstones disease. Dyspeptic symptoms are also present in this condition. The presence of these symptoms indicates the progression of silent gallstones towards symptomatic gallstones, and surgical treatment is advised in these patients.

Laparoscopic cholecystectomy is the worldwide “gold standard” treatment in cholelithiasis. In 1987 laparoscopic cholecystectomy was established. LC can be done either by early or delayed approach. Early laparoscopy has advantages including less cost, short hospital stays and prevention from open cholecystectomy by which greater chances of morbidity rate.

Conclusion

I would like to state that patients started with a chief complaints of dull aching epigastric pain and abdominal distension. He was treated with surgical procedure of Laparoscopic cholecystectomy and pharmacological treatment with Chenodeoxycholic acid has been effective in dissolving about 60% of radiolucent gallstones composed primarily of cholesterol.

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