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RECURRENT IDIOPATHIC PANCREATITIS. SURGERY OR NOT? A CASE REPORT

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Conclusion :
Management of idiopathic acute pancreatitis following recurrent episode should be based on individual presentation. Minimally invasive approach such as the usage of EUS can be offered to the patient however effectiveness in preventing episodes of recurrent pancreatitis is clouded. Thorough discussion should be made weighing the role of surgery vs conservative modalities. Probing the fact that cholecystectomy itself harbour potential complications, one should addressed in depth stepwise procedure to avoid any litigation ahead. Future lifestyle education and understanding the mechanics of loss of gallbladder should be prompt earlier to improve patients' satisfaction and quality of life.

Introduction

Idiopathic recurrent acute pancreatitis is a state where the inflamed pancreatic gland has shown no predisposed clinical, biochemical or radiological correlation factor and recurrence episode of it has left physician in question on how to manage such condition and how to prevent complications and future recurrences. These conditions are rare as many of the patients who suffer from pancreatitis has concurrent biliary tree disease as evidence by radiological imaging. Here we describe a case of post cholecystectomy for idiopathic recurrent acute pancreatitis.

Case history

A 48-years-old female with underlying diabetes mellitus, hypertension and dyslipidaemia presented with sudden onset of worsening epigastric pain which radiate to the back in September 2022. Examination of the abdomen showed epigastric tenderness on palpation with concurrent high level biochemical marker of serum amylase of 1810 IU/L. Her chest radiograph showed no air under diaphragm and ultrasound abdomen only suggestive of hepatomegaly and fatty liver with neither cholelithiasis nor biliary tree obstruction and no intraabdominal collection. Thus, we proceed with CECT abdomen which showed bulky pancreas without pancreatic collection or duct dilatation nor stone in biliary tree. She had similar presentation back in October 2021 which investigation results at that point of time are particularly similar with the current one, be it laboratory markers or radiological findings. Diagnosis of idiopathic acute pancreatitis (IAP) established with initial treatment modalities was aimed towards conservative. In view of multiple admission due to recurrent episode of IAP, inpatient EUS was performed which showed recent pancreatitis with clear biliary tree structure. Subsequently patient was subjected for OGDS to exclude any gastrointestinal involvement which showed normal findings.
Hence, after careful consideration and counselling with the patient and other medical specialties, she underwent laparoscopic cholecystectomy in elective settings where surgery was performed uneventful and successfully. The gallbladder specimen which sizing about 1/3 of the forceps length **(Image 1)** was bisected and there are features of microlithiasis deposits on wall of the entire gland **(Image 2).** Post operative care was uneventful. She was subsequently reviewed in surgical follow up clinic with no episode of recurrence epigastric pain mimicry of pancreatitis and the histopathology report of the specimen concluded as chronic cholecystitis with cholesterolosis .

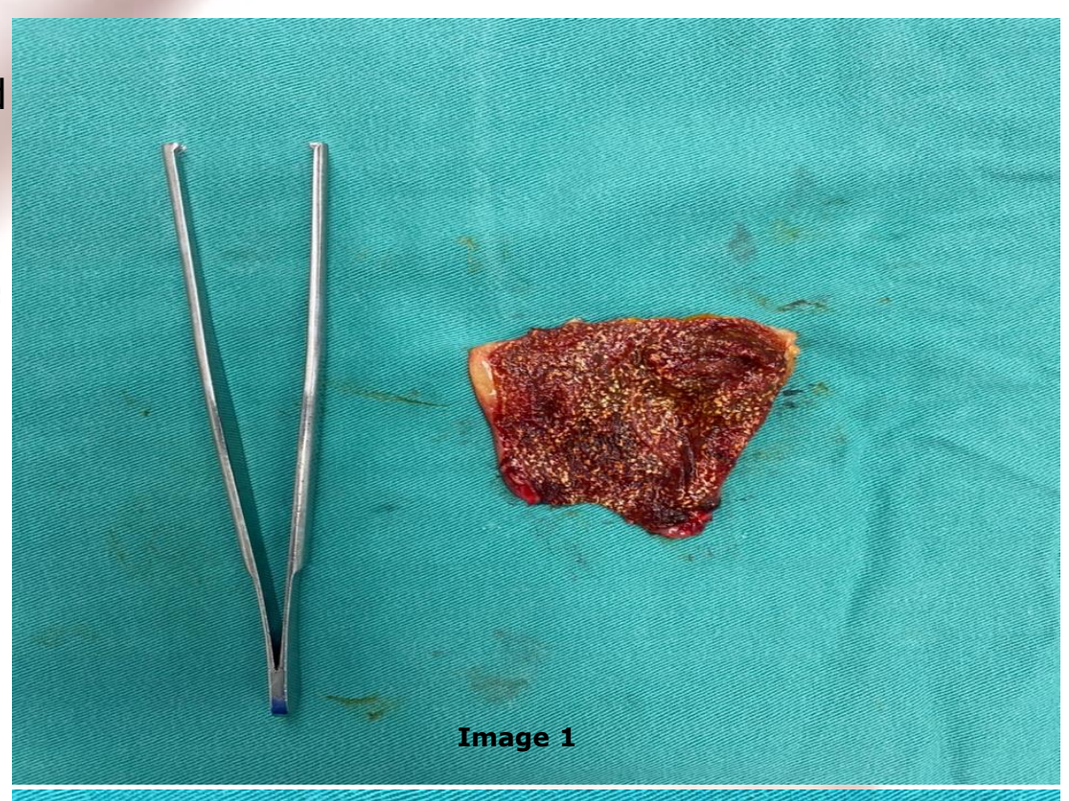

Image 1

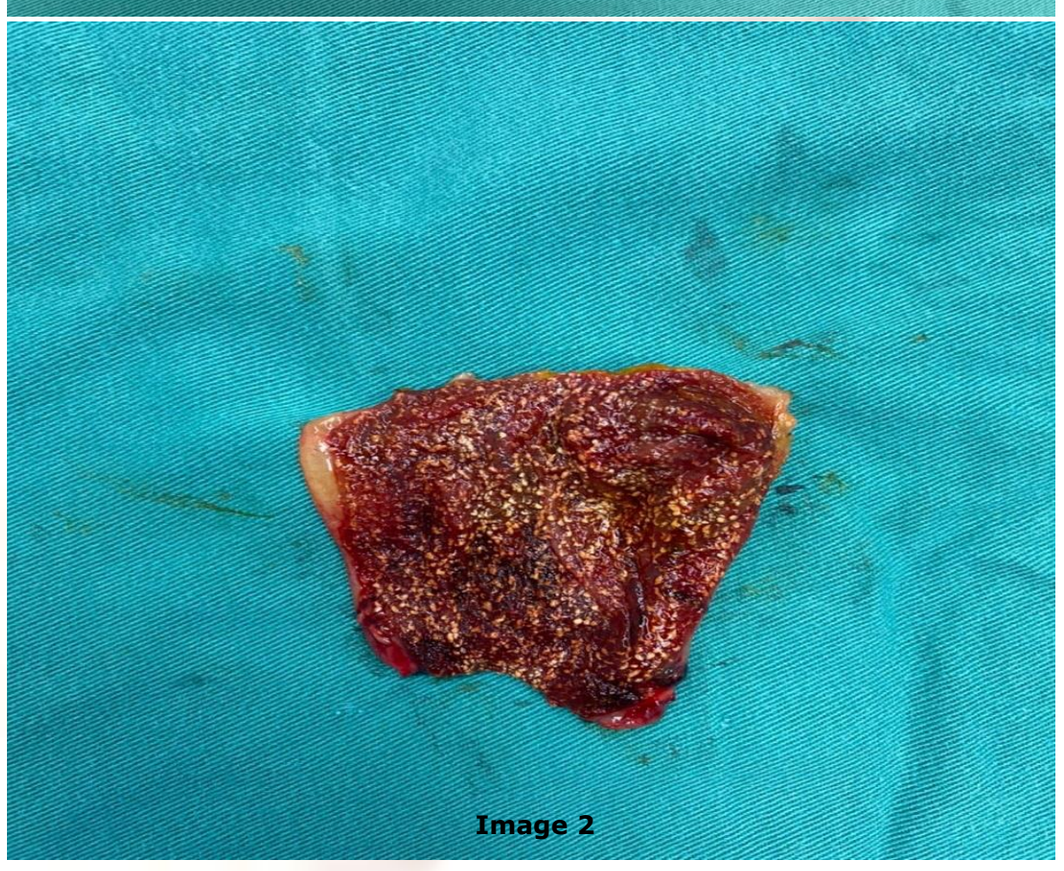

Image 2

Discussion

As its name implies, idiopathic recurrent acute pancreatitis is bouts of episodes of inflamed pancreas in a setting of normal morpho-functional gland. Diagnosis of IRAP is somewhat challenging as the recognised causative factors contributing to the condition such as cholelithiasis is not present in all investigations performed following clinical signs and symptoms addressed.

Little is known about the interaction between genetic, environmental, anatomical and other factors leading to the disease and the efficacies of the treatment and long-term outcomes of the treatment via endoscopic has significant impact on financial health burden as targeted therapies unable to be directed due to lack of primary sources of the disease.

Biliary tree disease has been postulated as etiologically significant on the development of idiopathic recurrent acute pancreatitis followed by dysfunction of sphincter of Oddi. Other associated factors are pancreatic or pancreatico-biliary junction outflow obstruction, genetic mutations and alcohol consumption. However, obtaining the exact etiological origin to ascertain the prognosis and subsequent mode of treatment for the disease are technically difficult.

Study has suggested the usage of endoscopic ultrasound as diagnostic modalities in assessing the status of biliary tree and pancreatic duct when the early non-invasive investigation such as abdominal ultrasound or CECT abdomen failed to diagnostically capture any peculiarities that may lead to the development of IRAP. This is a less invasive procedure whereby apart of acquiring the causative info, EUS potentially serve as therapeutic modalities in the same setting by its ability to dilate both biliary and pancreatic duct simultaneously to allow undisturbed bile outflow.

The principle of IRAP treatment, followed the general acute pancreatitis management which divided into resuscitation, reduction of risk of complication and definitive treatment. In general, cholecystectomy will follow, after incidence of acute pancreatitis resolved in a case of biliary tree being the causative agent. In this patient, after multiple inconclusive episodes of recurrent idiopathic acute pancreatitis, due to lack of evidence of the origins despite the EUS performed, cholecystectomy was finally discussed with the patient which she undergone successfully. All clinical measures and modalities have been applied and patient was well after the surgery with no recurrent episode of pancreatitis.

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