FREQUENCY OF ACUTE PANCREATITIS IN PREGNANCY AND IT’S OUTCOMES

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ABSTRACT
Objective: To evaluate frequency of acute pancreatitis in pregnancy and its associated maternal and foetal complications.
Study Design: Case Series.
Setting & Duration: Department of Surgery, Unit III, Civil Hospital, Karachi from June 2001 to January 2008.
Methodology: All pregnant females referred with suspicion of acute pancreatitis were included and were further reviewed for maternal and foetal outcomes.
Result: The frequency of acute pancreatitis in pregnancy was 7.83%, the most commonly presenting symptom was epigastric pain and tenderness while biliary pancreatitis was the most common aetiology seen in 61.53% of cases. The recurrence rate during the same pregnancy was 15.38% while the total number of maternal deaths were 4 (30.76%) and 9 (69.23%) patients suffered severe morbidities. A total of 6 (46.15%) fetuses suffered morbidities while their were six (46.15%) mortalities.
Conclusion: Acute pancreatitis in pregnancy though a rare but a dreaded condition. The associated maternal and foetal complications can be reduced by early diagnosis and thus early referral for appropriate specialist care.

KEYWORDS: Pregnancy, Acute Pancreatitis, Gallstones, Morbidity, Mortality

INTRODUCTION

Acute pancreatitis may not be a common complication during pregnancy but it is definitely a dreaded one as far as maternal and fetal mortality is concerned. Acute pancreatitis during pregnancy is defined as a complication which occurs in the period between 10 months prior to parturition up to 10 months postpartum.1 Amongst the aetiological factors cholelithiasis is the commonest one implicated in pregnancy.2,3 Clinical manifestation vary but upper central abdominal pain, sometimes radiating to the back or to either side associated with nausea and vomiting are the most frequent symptoms.4 Incidence of acute pancreatitis associated with pregnancy is 1 in 1000 to 1 in 4000 pregnancies as shown by Ramin.5 The most sensitive and specific laboratory diagnostic test is serum amylase which should always be performed in suspected cases,4 as early diagnosis and subsequent treatment improves the prognosis of this otherwise potentially ominous condition.

METHODOLOGY

This case series was conducted at Surgical Unit II Civil Hospital, Karachi from June 2001 to January 2008. All pregnant females or patients in the periparum with suspicious symptoms were included in this study. These patients were further reviewed for their aetiology, risk factors, maternal as well fetal outcome and the treatment they received. The patients were diagnosed by the presence of epigastric pain with raised serum amylase and supported by ultrasonographic signs of acute pancreatitis.

RESULTS

During the study period a total of 166 patients were diagnosed as having acute pancreatitis out of which 13
were pregnant thus the frequency of acute pancreatitis in pregnancy was 7.83% of the targeted population.

The mean age was 31 years SD, min 23 years and max 4 years. The mean gestational age was 29 weeks SD with the maximum number of cases presenting in their third trimester. Majority of patients (30.8%) had parity of 5 or more 2(14.5%) had positive family history. Fever, nausea and vomiting were present in 10(76.9%) each while 2(15.4%) were jaundiced, epigastric pain and tenderness were present in all patients. The most common aetiology was biliary pancreatitis present in total 86(61.53%). One (7.7%) had a history of induced abortion followed by the symptoms of acute pancreatitis while in 5(38.46%) had only gallstones, 2(15.38%) had hyperlipidemia and 3(23%) had both hyperlipidemia and presence of gallstones. A total of 3(23.1%) had recurrence of pancreatitis during the same pregnancy.

Among the patients with biliary pancreatitis 2(15.38%) had recurrence after conservative treatment and underwent cholecystectomy. There were 4(30.76%) maternal deaths, while 9(69.23%) had severe morbidities not only because of presence of risks factors but especially due to misdiagnosis and late referral with complications like pulmonary edema in 2(15.4%), pulmonary embolism in 1(7.69%). Preterm labour was seen in 3(23.07%) while 1(7.7%) had pancreatic abscess and renal failure both. Total fetal mortalities and morbidities were 6(46.15%) each, while 4(30.76%) neonates needed intensive care.

**DISCUSSION**

The result from this study reflect the findings of studies published by other authors that acute pancreatitis is an ominous condition which is evidenced by a maternal mortality of 30%. This has however being contradicted by the figures in a study from Choy. In this study maximum number of cases presented in the last trimester this correlates with the findings by Ramn. Parity in this study the maximum group had a parity of five, which is similar to other studies conducted by Shantu Kumar.

The mean age of the patients in the present study is similar to study by Javed Naem. In this study, the commonest etiology was biliary pancreatitis as was seen in the study conducted by Zahra and William. Hyperlipidemia was the cause in 38.4% of patients in this study which is similar to the finding of Choy. Commonest symptoms was epigastric pain radiating posteriorly as was the one in studies by other authors. In those with biliary pancreatitis recurrence was commoner in the same pregnancy which needed surgical intervention as was the case in the study by Maev. In contrast to the findings of Alejandro's i.e. 4.7% maternal mortality in this study was 30.76% which is direct contrast yet similar to the study presented by Taj. Perinatal mortality in the authors study was 46% which is significantly high compared to findings by others as well as this study.

**CONCLUSION**

Acute pancreatitis is not a very common occurrence during pregnancy. Biliary causes are the most common yet non biliary causes are associated with poor prognosis. However, biliary disease is associated with a higher recurrence.

**REFERENCES**


