Prezentare de Caz
Pancreatita cronica

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Motivele Internarii

- LI 40 ani din mediul rural este adus in UPU SCJUT cu:
  - dureri abdominale la nivelul etajului abdominal superior- de aproximativ cateva luni, exacerbate
  - Varsaturi, diaree cronica (aprox 3 scaune moi/zi)
  - Stare generala moderat influentata
  - Scadere ponderala (aprox 20 kg in ultimii 2 ani)
- APP - neaga
- AHC- mama HTA
- Conditii de viata si munca: potator, fumator

Examen Clinic

- Tegumente deshidratate, discret palide, T- 36,7g C
- Patient casectic, IMC 18 kg/m2
- Abdomen usor destins, dureros spontan si la palparea profunda in etajul abdominal superior, TI prezent- predominant diaree
- Aparat CV si respirator: echilibrat cardio vascular si respirator, TA 110/ 70 mmHg, FC= 80 bpm
- Mictiuni fiziologice
- Aparat locomotor- integru, morfofuntional
- Sistem muscular: normoton, hipotrof, normokinetic

Analize de sange

- *Hemoleucograma*: H =3.44 mil/mmc, Hb = 10.3 g/dl (VEM=95.3 fl, HEM=32 pg, CHEM 33 g/dl), Ht = 31 %, L = 10300/mmc (N = 68.9 %, Tr =564.000/mmc;
- *Biochimie:*

lipaza serica = 200 U/l (<3xVN)

creatinina = 0.6 mg%

ASAT = 28 U/l

ALAT = 23 U/l

GGTP= 260-U/l

FA=84 U/l

BT =0.3mg%

Albumina=2.3g/dl

Proteine totale=6 g/dl

Trigliceride=108 mg/dl

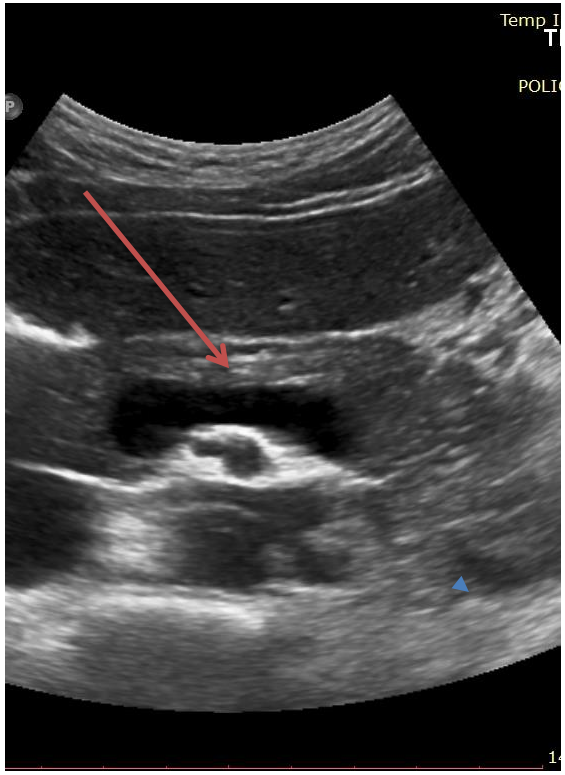
PCR= 50.3 mg/l

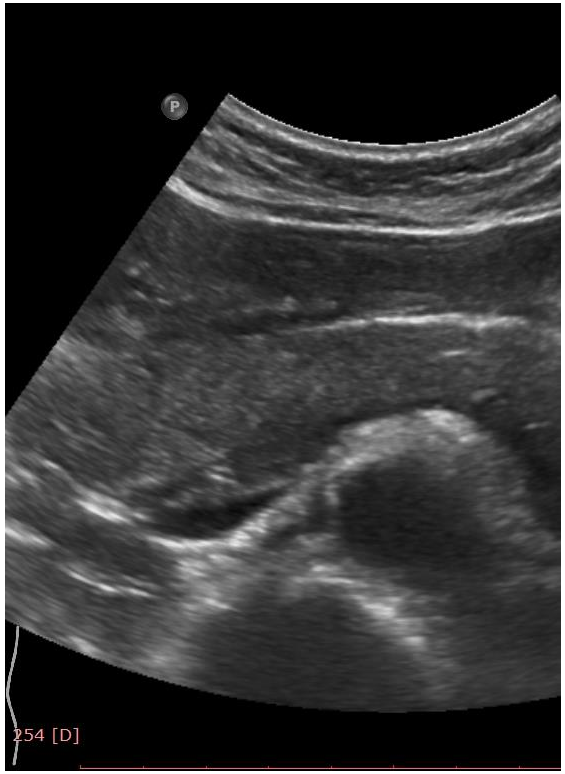
Glicemie= 90 mg/dl

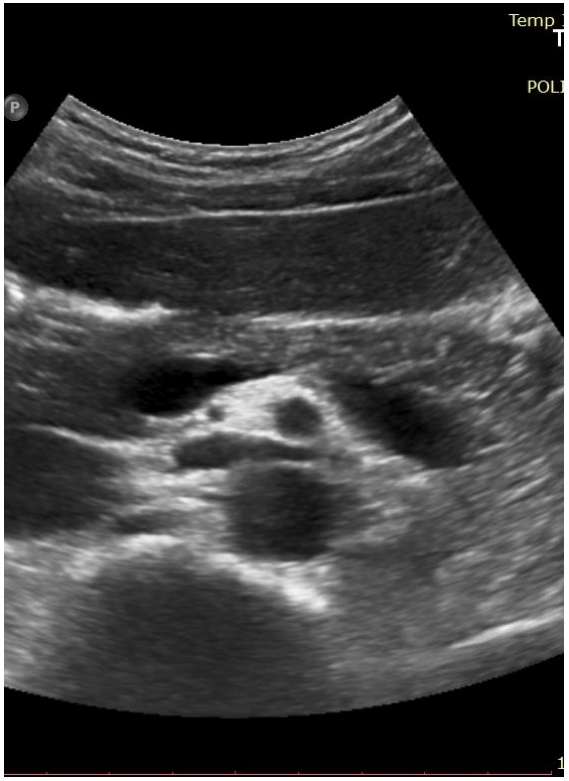
Fibrinogen= 790 mg/dl

Examen Paraclinic

- *EKG*- ritm sinusal, AQRS intermediar
- *Rx abdomen pe gol/torace*- in limite normale
- *Ecografia abdominala standard*
- *CT abdomen cu substanta de contrast*
- *Examinarea lichidului de ascita*







Pancreas- aspect normal ecografic

- ***Ecografia abdominala*** deceleaza urmatoarele modificari

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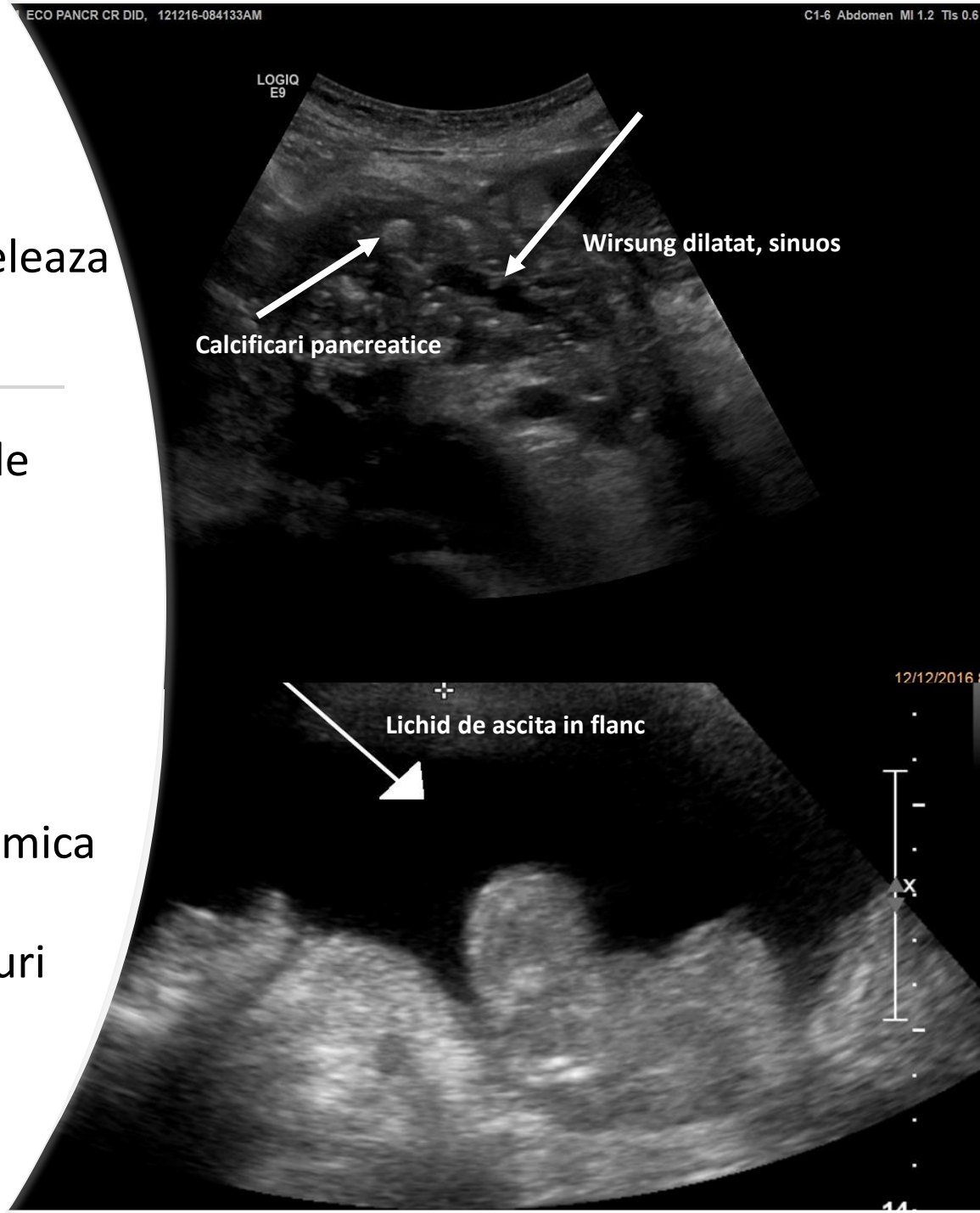
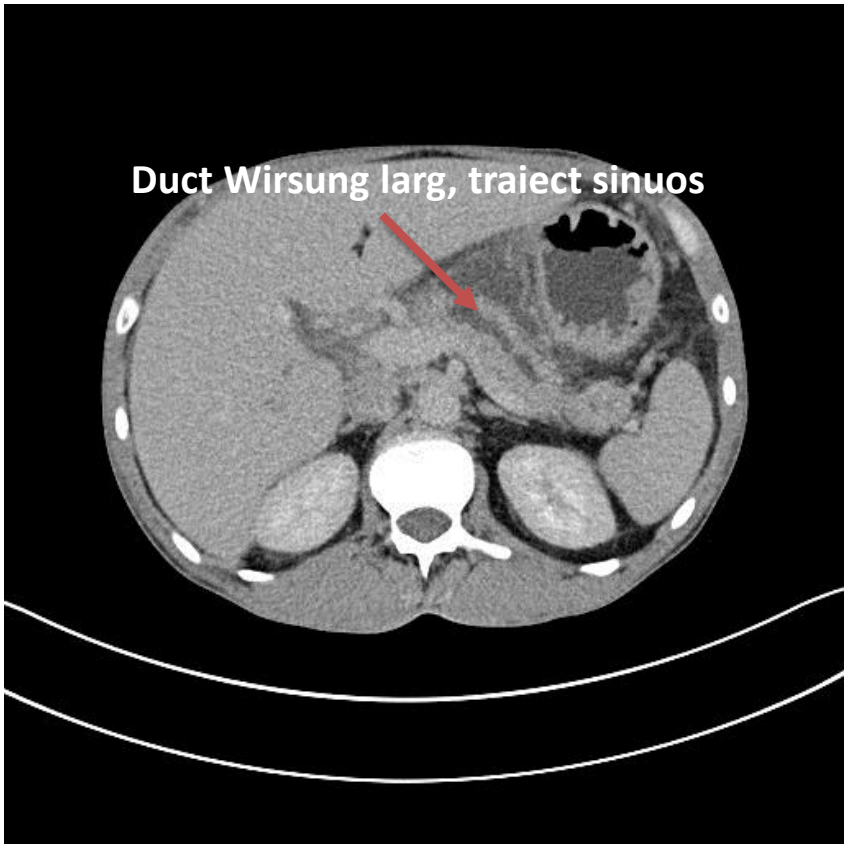
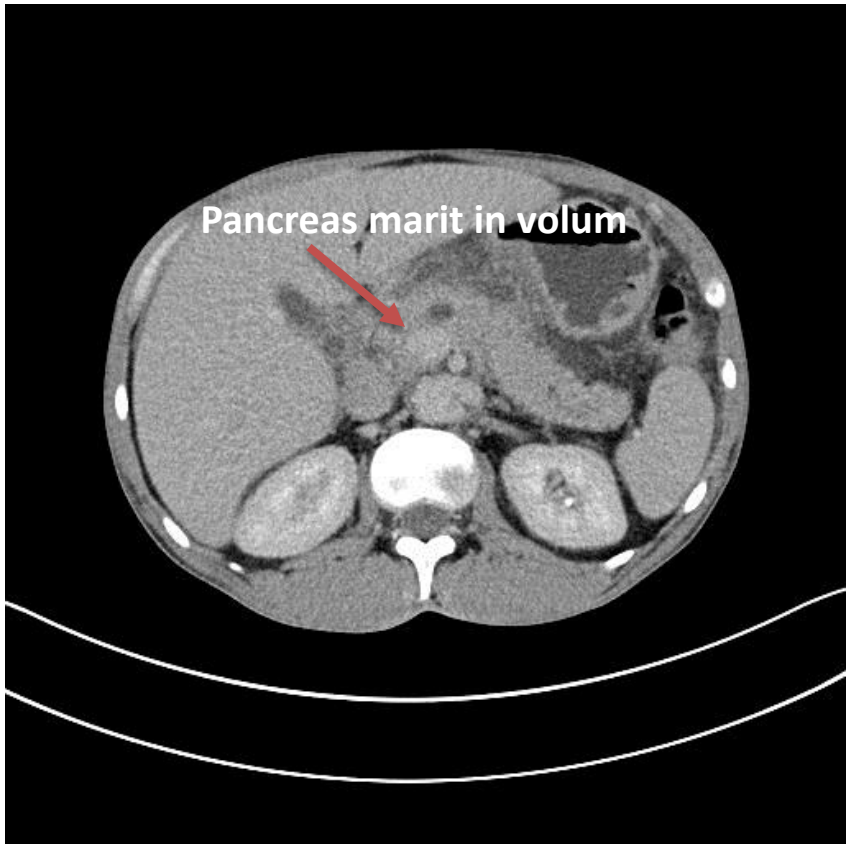
- Pancreas moderat crescut de volum la nivelul capului pancreatic, prezinta imagini hiperecogene- calculi
- Wirsung dilatat (8 mm), cu aspect sinuos
- Lichid de ascita in cantitate mica perihepatic si perisplenic, moderat in Douglas si flancuri



CT abdomen cu SDC





Examen lichid de ascita

- Macroscopic- lichid de ascita aspect chilos
- Microscopic- prezenta de limfocite, fara celule atipice, fara aspect de tip TB abdominal
- Biologic- Leucocite= 40 uL

  Hematii= 30 uL

  Amilaza=30 uL

  Proteine <2 gr/dl- transudat

  Glucoza- absenta

Diagnostice Evocate

- Pancreatita cronica de cauza etanolica
- Sindrom de malabsorbtie
- Hipoalbuminemie si Hipoproteinemie
- Ascita in cantitate medie (de cauza hipoalbuminemica)
- Etilism cronic maladiv
- Casexie

Diagnostice diferentiale Pancreatita Cronica

- Diagnostic diferential al etiologiei PC- **TIGAR-O**

- Toxic-metabolic- consumul de alcool +, fumat +, medicamente -, hipercalcemie -
- Idiopatic (apare timpuriu-20 ani sau tarziu >60 ani)
- Genetic- nu intruneste conditii (fara afectare familiala, fara DZ)
- Autoimuna- cauzeaza in primul rand PA, ulterior PC
- Recurenta (PA)- fara episode de PA anterioare
- Obstructiva- obstructia ductului Wirsung (tumori, calculi)- exclus imagistic

Diagnostice diferentiale Pancreatita Cronica

1. Cancer pancreatic- imagistica, scadere ponderala semnificativa intr-un timp scurt,CA 19-9!!, complicatii paraneoplazice!! PC cu hipertrofia capului pancreatic- forma pseudotumorala- important de diferentiat de cancer pancreatic
2. Tumori endocrine pancreatice- imagistic
3. Durere abdominala- PA de novo sau PA/PC (lipaza >3xVN) sau orice alta cauza de abdomen acut
4. Insuficienta pancreatica- Sindrom de malabsorbtie + hipoproteinemie- hipoalbuminemie- Boala celiaca (Atc ATG+ biopsie intestinala),Boli inflamatorii intestinale (EDI, calprotectina), Neoplazii (marker tumorali, imagistica), Consum chronic de alcool +, Colecistectomie, Rezectie gastrica- intestinala, Gastrite (EDS)

Diagnostice diferentiale Pancreatita Cronica

5. Ascita- cause- examenul biochimic- ***proteine***, raport SAAG (serum/ascites albumin gradient)

<2.5-3 g/dl- transudat- hipertensiune portala- ciroze hepatice (elastografie?), insuficienta hepatica, hipoalbuminemie

>3 g/dl- exudat- sindrom nefrotic (creatinina, proteinurie), TB (BAAR-), carcinomatoza, insuficienta cardiaca, peritonita, pancreatita acuta sau cronica (amilaza ascita > 1000 uI/L)

Complicatii ale PC

1. Cancer pancreatic
2. Pseudochist pancreatic- aprox 25 %- complicat cu fenomene obstructive (icter- obstructie biliara, tulburare de evacuare gastrica), infectie, hipertensiune portala (compresie pe axul spleno-portal), pseudoanevrism (sangerare), ascita/pleurezie (rupture sau formare de fistule)
3. Calculi intraWirsungieni- episode de PA/PC, icter obstructive
4. Tromboza de vena splenica– aprox 10% (prin fenomene inflamatorii datorate PC sau PA suprapuse- vena splenica situata posterior de pancreas)- hipertensiune portala- splenomegalie, Varice esofagiene, gastrice- risc de HDS
5. Insuficienta pancreatica- exocrine- diaree cu steatoree

   - endocrina- DZ

Tratament

- Inlaturarea cauzei- interzicerea consumului de alcool
- Tratamentul complicatiilor

1. Tratamentul DZ, administrare Enzime digestive- a la long
2. Tratamentul durerii- medicamentos (antalgice), endoscopic (calculi Wirsung- extractie, stentare), chirurgical- in cazul pacientilor neresponsivi la antalgice/ terapie endoscopica (rezectie pancreatica, splahnicectomie- denervare plex celiac)
3. Tratamentul pseudochisturilor complicate- la distanta de puseele acute- cand se impune tratament- drenaj percutan, endoscopic, chirurgie; tratamentul obstructiei biliare- ERCP
4. Tratament HDS- in raport cu cauza
5. Tratamentul ascitei- evacuare, administrare albumina

Take home message

- Cel mai frecvent intalnita la pacientii potatori
- Diagnostic: ecografie abdominala, ecoendoscopie (cea mai sensibila metoda), CT abdominal. Teste functionale pancreatice- Elastaza 1 fecala
- Diagnostic diferential cu Neoplasmul Pancreatic!!
- Cauza de episode repetate de PA
- Complicatii multiple- cel mai de temut Neoplasmul pancreatic

ACG Clinical Guideline, Chronic Pancreatitis - American Journal of Gastroenterology: March 2020 - Volume 115 - Issue 3 - p 322-339
doi: 10.14309/ajg.0000000000000535

Va multumesc!