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A Curious CA use of Pancreatitis – A Case Report

P. V. Sudharsan[1*], R. A. Pandyaraj[1], D Vinodh[1], D. Manivannan[1]
1. Institute of General Surgery, Madras Medical College, Chennai.

ABSTRACT

A case of acute necrotising pancreatitis, was admitted in our tertiary care centre with complaints of abdominal pain in the epigastric region for 2 days. Pain was associated with vomiting, sore throat and fever on and off. On examination, the patient was tachycardic, and had B/L parotid enlargement with erythema. Systemic examination was insignificant except for mild epigastric tenderness and distension. USG and CECT- abdomen confirmed the necrotising nature of the pancreatitis. The biochemical and serological work-up eventually revealed the final diagnosis of the cause of pancreatitis in the patient. The case is being published in view of the rarity, and the difficulty in diagnosing the condition.

Keywords: Acute necrotizing, Abdominal pain

*Corresponding Author Email: sudharsan_pv91@yahoo.co.in
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INTRODUCTION

A 15 year old male, referred as a case of acute necrotising pancreatitis, was admitted in our tertiary care centre with complaints of abdominal pain in the epigastric region for 2 days. Pain was associated with vomiting, sore throat and fever on and off. Patient did not have any significant past medical/surgical history and was non-alcoholic. Patient was immunised only for BCG and OPV. On examination, the patient was tachycardic, and had B/L parotid enlargement with erythema. Systemic examination was insignificant except for mild epigastric tenderness and distension. USG and CECT- abdomen confirmed the necrotising nature of the pancreatitis associated with pleural effusion (BISAP score – 2/5). On biochemical examination, Lipid profile, Sr. Calcium, PTH were found to be normal. The regular fever panel (for Dengue, Malaria, Typhoid, Filaria and Leptospira), Blood and Urine C/S were negative.

Figure 1: B/L parotid enlargement with erythema.

Patient : P2029866 [redacted] 251 (15/M) Date :18/08/2016
SID.No. : 111338 Rec Time :15:48:20
Address : Rpt Date :19/08/2016
Rpt Time :15:43:26
Page # :1
Re-print
Referrer : Dr.SELF.

Test	Result	Biological Reference Interval
TEST REPORT		
BLOOD - SEROLOGY		
MUMPS IgG AB (ELISA)	: **1.18 Ratio**	Less than 0.80 Ratio : Negative 0.80 - 1.10 Ratio : Equivocal More than 1.10 Ratio : Positive
Specimen : SERUM		
Method : ELISA		
MUMPS IGM AB (ELISA)	: **0.88 Ratio**	Less than 0.80 Ratio : Negative 0.80 - 1.10 Ratio : Equivocal More than 1.10 Ratio : Positive
Specimen : SERUM		
Method : ELISA		

Figure 2: Mumps serology of the patient by ELISA method.

Mumps IgM and IgG ELISA was done, in view of the clinical findings and it turned out to be *positive*. The patient was treated conservatively, with serial monitoring of Sr. Amylase and Lipase, and discharged upon radiological evidence of disease remission.

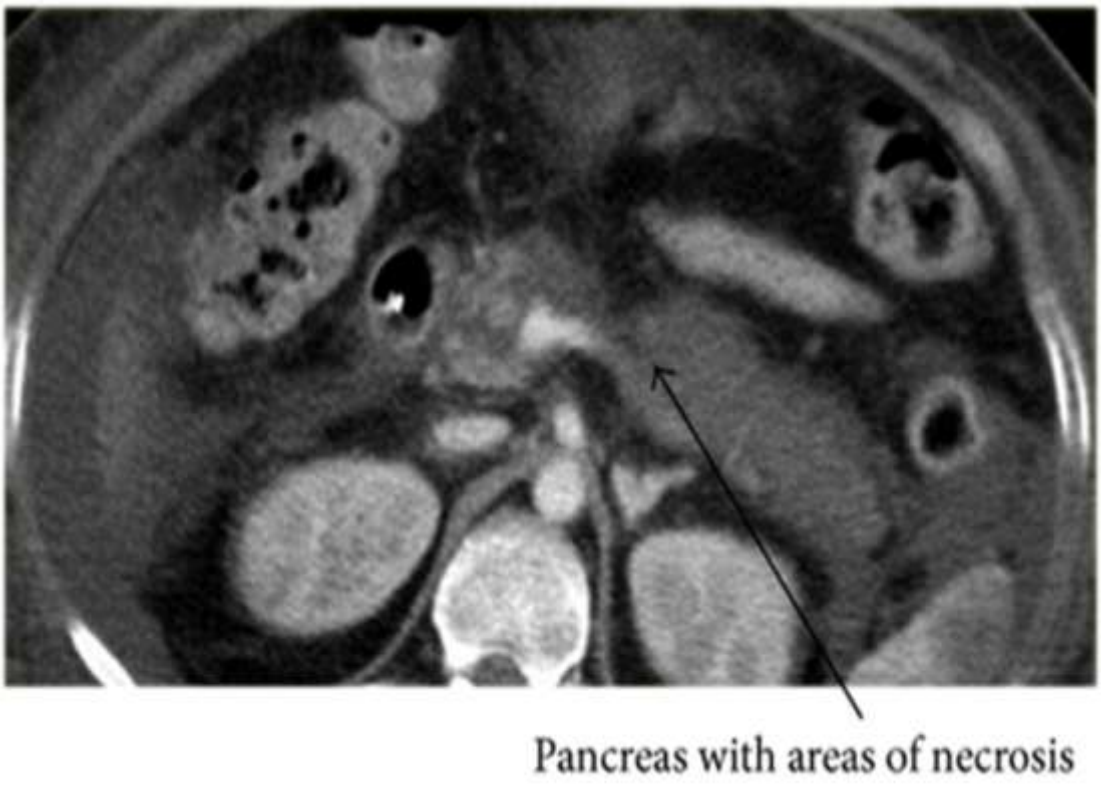

Figure 3: CECT showing the necrotising nature of the pancreatitis.

After 1967 (Post-vaccination era), USA's CDC has reported only 1 notified case of mumps pancreatitis, as per available literature[1]. Mumps pancreatitis, which may present as abdominal pain, occurs in ~4% of infections but is difficult to diagnose because an elevated serum amylase level can be associated with either parotitis or pancreatitis[2]. In 1817, mumps virus

was implicated for the first time as a cause of acute pancreatitis. Diagnosis is based mainly on detecting anti-viral antibodies, the clinical picture, imaging of the pancreas and finally on the exclusion of other causes of pancreatitis[3]. The case is being published in view of the *rarity, and the difficulty in diagnosing* the condition.

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