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PROSPECTIVE EVALUATION OF EXOCRINE AND ENDOCRINE FUNCTION IN PATIENTS WITH ACUTE NECROTIZING PANCREATITIS AND ITS RISK FACTORS

Society: AGA**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Vandit Jayesh Desai¹, Surinder Singh Rana¹, Mandeep Kang¹, arun kumar Sharma¹, Rajesh Gupta¹, Sanjay Bhadada¹, Vaneet Jearth¹

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Background

Pancreatic exocrine and endocrine insufficiency has been reported after acute necrotizing pancreatitis. However, the data is scarce and risk factors for its development have not been elucidated in detail. This prospective observational study was conducted to assess endocrine and exocrine functional changes after acute necrotizing pancreatitis and their risk factors.

Methods

Thirty patients of acute necrotizing pancreatitis were recruited over 18 months. Mean age was 41.1 years. Majority of the patients (63%) were male. All patients underwent Contrast-enhanced Computed tomography of abdomen within 5-7 days of onset of illness, blood samples were collected at admission, 1 and 6 months after admission for Fasting and postprandial blood sugar and Hba1c levels for the assessment of endocrine insufficiency and fecal elastase samples were collected at admission, 1 and 6 months after admission to assess exocrine pancreatic function in patients who survived for 6 months.

Results

On admission, 13(43%) patients had moderately severe disease and 17(57%) had severe disease. The mean M-CTSI score was 9.07. The majority (86%) of the patients had necrosis involving the head and body of the pancreas. A total of 17(56%) patients underwent percutaneous drain placement, 9(30%) patients underwent endoscopic intervention and 4(13%) underwent surgical intervention. On admission, 1(3%) patient had impaired fasting glucose, 2(6%) had impaired glucose tolerance and 7(25%) had diabetes mellitus. At 1 month, 4(13%) had impaired fasting glucose, 6(20%) had impaired glucose tolerance and 4(13%) had diabetes mellitus. At 6 months, 4/30 had diabetes mellitus and 5(17%) patients had impaired fasting glucose and 7(23%) patients had impaired glucose tolerance. On admission 2(6%) had mild exocrine insufficiency and 2(6%) had severe exocrine insufficiency and at 1 month 4(13%) had mild and 6(20%) had severe exocrine insufficiency. At 6 months, 5(17%) patients had mild exocrine insufficiency and 7(23%) had severe exocrine insufficiency. Patients with moderately severe disease had a higher incidence of exocrine insufficiency than those with severe disease. Patients with necrosis in the head of the pancreas than other areas had more incidence of exocrine pancreatic insufficiency. On Multivariate logistic regression, patients with moderately severe disease had higher incidence of exocrine insufficiency than those with severe disease.

Conclusion:

Moderately severe disease and necrosis in head of pancreas had increased risk of exocrine pancreatic insufficiency at 6 months.

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