ACUTE PANCREATITIS DURING PREGNANCY AND PUERPERIUM – A CLINICAL ANALYSIS OF CASES

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INTRODUCTION

The impact of acute pancreatitis in pregnancy (APIP) on obstetric outcomes remains subject to great controversy. Studies suggests that APIP is more harmful for the fetus as compared to the mother [1,2].

Available evidence shows that APIP outcome is always affected by the standard of care available and its better in developed as compared to underdeveloped countries.

OBJECTIVE

To evaluate etiology, risk factors, clinical course and treatment of APIP and the associated maternal and neonatal complications during pregnancy and puerperium (6 weeks postpartum).

METHODOLOGY

Retrospective clinical analysis of APIP cases was conducted at Aga Khan University Hospital from January 1st, 2015 to December 31st, 2021.

Data was analyzed by using IBM SPSS 25.0. Categorical variables were presented as frequencies and percentages and continuous variables as means and standard deviations.

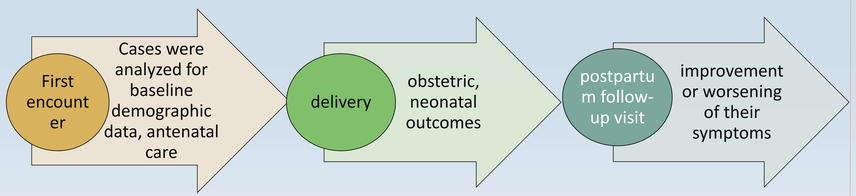


Table 1: Maternal complication and outcome

Variables	n	%
Organ Dysfunction	5	15.6%
Disseminated Intravascular Coagulation	5	15.6%
ICU admission	4	12.5%
Ascites	2	6.3%
Pleural Effusion	2	6.3%
Gastrointestinal Bleeding	1	3.1%
Acute / Encapsulated Necrosis	1	3.1%

Table 2: Obstetric Outcomes

Variables	n	%
Pre-Eclampsia	6	18.8%
Maternal Mortality	3	9.4%
Gestational Diabetes Mellitus (GDM)	3	9.4%
Placental Abruption	3	9.4%
Pregnancy Induced Hypertension (PIH)	2	6.3%
Postpartum Hemorrhage	2	6.3%
Preterm Prelabour Rupture Of Membranes	1	3.1%
Placenta Previa	1	3.1%

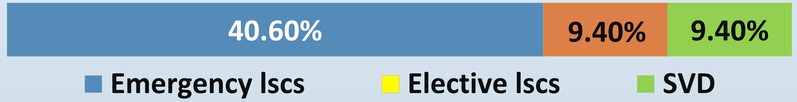
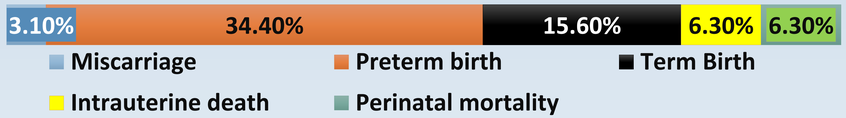


Table 3: Perinatal Outcome

Variables	n	%
Birth Weight (kg)	14	2.2 (IQR=1.72)
Apgar Scores at birth		
At 1 min (Below7/Above and equal to 7)	2/15	6.3% /46.9
At 5 min (<7)	2/15	6.3% /46.9
NICU admission	6	18.8%



RESULTS

A total of 32 patients with APIP, 34.4% Primigravida and 65.6% Multigravid were identified. Most common etiology was gallstones (40.6%) followed by idiopathic causes (15.6%) and hypertriglyceridemia (6.3%). Disease course remained 75% mild (n=24), 15.6% moderate (n=5) and 9.4% severe (n=3) as per The Atlanta Criteria. Severe disease course led to 15.6% organ dysfunction, 15.6 % disseminated intravascular coagulation and 9.4% maternal mortality. Pre-eclampsia (18.8%) was the most common obstetric complication. In the mild group, 3.1% miscarriages were observed and 34.4% preterm births among which NICU admissions were 18.8% and subsequent perinatal mortality in 6.3%. Whereas 6.3% intrauterine fetal demise contributed to fetal loss in the severe group. Conservative management was successful in 96.9% but 15.6% patients had to undergo surgical intervention. 15.6% women never followed in outpatient clinic after being discharged from the hospital but among those who did 62.5% had improvement in their general health condition.

CONCLUSION

Our study shows that women with APIP are at a higher risk of Pregnant women with APIP are at a higher risk of developing preeclampsia and giving preterm births hence these pregnancies warrant greater surveillance.

REFERENCES

1) Xu Q, Wang S, Zhang Z. A 23-year, single-center, retrospective analysis of 36 cases of acute pancreatitis in pregnancy. Int J Gynaecol Obstet. 2015;130(2):123-6.
2) Ducarme G, Maire F, Chatel P, Luton D, Hammel P. Acute pancreatitis during pregnancy: a review. J Perinatol. 2014;34(2):87-94.