

Introduction

Acute pancreatitis, though rare, has been reported in the setting of COVID-19. We present the case report of a pregnant woman with Covid-19 who developed pancreatitis and discuss management dilemmas.

Case Summary

- 32-year-old G2E1 at 32 weeks POG presented with a history of **fever and dry cough for 1 week**.
- Tested **positive for Covid- 19 RTPCR** 5 days prior to admission -> advised home isolation and conservative management.
- During this period, she had **elevated blood sugars** of >300 mg/dl & 2 episodes of **severe upper abdominal pain** & was referred to our hospital.
- Examination revealed right hypochondrial tenderness and on investigations, pancreatitis was suspected.

	On Admission	After 5 days
Amylase	915 U/L	107 U/L
Lipase	10220 U/L	389 U/L

- She also had **severe metabolic acidosis & compensatory metabolic alkalosis** & was admitted to the Covid ICU with O₂ inhalation, fluid & electrolyte management & supportive treatment.

- IV antibiotics, antipyretics, IV sliding scale of insulin and LMWH were started along with inhalational steroids
- Electrolyte correction was done along with rehydration.
- Steroids were given for fetal lung maturity.
- Urine examination showed nephrotic range proteinuria -> managed conservatively with nephrology inputs.
- **She had PPROM after 7 days** -> delivered a preterm baby boy of 2.62 kg with good APGAR scores through a forceps assisted vaginal delivery.
- O₂ support was discontinued 10 days after admission.
- Postpartum CT showed edematous pancreas with diffuse peripancreatic ill-defined collection and peripancreatic soft tissue stranding.
- **Gradual recovery in the postpartum period** in the obstetric HDU.
- Patient was discharged home in a stable condition.

Discussion

- Covid-19 has a multitude of presentations.
- Acute pancreatitis is seen in 17% of patients with Covid-19. 2 case reports of Covid-19 pancreatitis in pregnant women have been reported in literature.
- Management principles in pregnant patients are same with additional considerations for fetal well being and decision regarding timing of delivery. Management must be individualized according to maternal and fetal status as well as gestational age.



Conclusion

Covid-19 pancreatitis is a rare entity in pregnancy. It is important for obstetricians to be aware of this condition to better plan patient management. MDT care and management improves outcomes in such women.

References

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2. Rabice SR, Altshuler PC, Bovet C, Sullivan C, Gagnon AJ. COVID-19 infection presenting as pancreatitis in a pregnant woman: A case report. *Case Rep Womens Health*. 2020 Jul;27:e00228. doi: 10.1016/j.crwh.2020.e00228. Epub 2020 May 29. PMID: 32537425; PMCID: PMC7256616.