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Ascites in Puerperium:a Missed Diagnosis of Acute Postpartum Pancreatitis

KEYWORDS

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ABSTRACT *AcutePancreatitis in pregnancy is often associated with severe morbidity.It is usually an antepartum problem occurring in late pregnancy.It rarely occurs in the post partum period and when it does diagnosis can be difficult. | We report a case of Acute Pancreatitis with Ascites,which occurred after delivery in a women who had uneventful course of pregnancy and parturition.*

Introduction
Despite the common occurrence of AcutePancreatitis,there are a few case reports of Postpartum Pancreatic Ascites.We report a 28 year old female who developed Ascites as a sequelae to Acute Pancreatitis in the immediate postpartum period.

Case report:
A 28 year old female ,who delivered 10 days before by normal vaginal delivery at home presented to our department with nausea and vomitings 5 days after delivery.Later she noticed severe abdominal and back pain which is followed by insidious onset and gradually progressive abdominal distension.Past medical and surgical history were insignificant. Physical examination revealed moderate abdominal distension with epigastric tenderness and shifting dullness. Ultrasound abdomen revealed moderate amount of echogenic free fluid in abdomen with normal involuting uterus and mild splenomegaly. CT Abdomen showed bulky pancreas with prominent pancreatic duct suggestive of Acute Pancreatitis along with Ascites and bilateral pleural effusions causing collapse of left lower lobe(figure 1). Serum amylase was 57 u/l,Serum lipase was 108 u/l.

Patient was treated with bowel rest with enteral feedin g,fluidrestoration,oxygen,analgesics,antiemetics,antibioti cs along with monitoring of vital signs.Patient symptoms and signs gradually improved after which she was discharged from the hospital and advised for regular follow up.

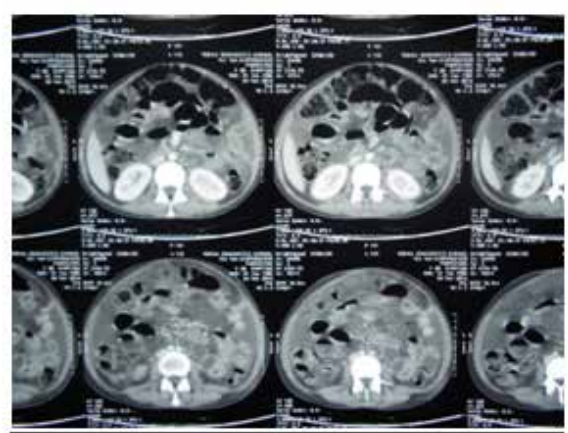

Fig 1 : CT Abdomen showing bulky pancreas with prominent pancreatic duct suggestive of Acute Pancreatitis

DISCUSSION
Acute pancreatitis is rare and serious complication during pregnancy, estimated to occur in1/1000 to 1/12000 pregnancies (Ramin et al., 1995). Discrepancy in incidence is because ofthe rarity of disease and because studies span different decades and countries. Acutepancreatitis appears to be more prevalent with advanced gestational stage, occurring morecommonly in the second and the third trimester (Hernandez et al., 2007; Ramin et al., 2001).

Ramin and al. noted that 19% of acute pancreatitis occurs in the first, 26% in the second, 53% in the third and 2% in the postpartum period, while others reported most of cases, 56%, inthe second trimester .

The most frequent etiology of acute pancreatitis in pregnancy is biliary,caused by gallstones sludge . Other causes are hyperlipidemia and alcohol abuse. Rarely itcould be, also, caused by hyperparathyroidism, connective tissue diseases, abdominalsurgery, infections (viral, bacterial or

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parasitic), blunt abdominal injuries or could beiatrogenic caused by medications (diuretics, antibiotics, antihypertensive drugs).

In pregnancy gallstones and sludge induce most of the cases of acute pancreatitis, they causeduct obstruction with pancreatic hyperstimulation that increases pancreatic duct pressure,trypsin reflux and activation of trypsin in the pancreatic acinar cells. This leads to enzymeactivation within pancreas and causes autodigestion of the gland, followed by localin-flammation. Pregnancy does not primarily predispose the pregnant woman topancreatitis, but it does increase the risk of cholelithiasis and biliary sludge formation

Theoretical reasons for the association of pregnancy and biliary tractdiseases include increased bile acid pool size, decreased enterohepatic circulation, decreasedpercentage of chenodeoxycholic acid, and increased percentage of cholic acid andcholesterol secretion and bile stasis . Moreover, the steroid hormones ofpregnancy decrease gallbladder motility . Progesterone is a smoothmuscle cell inhibitor that provokes gallbladder volume increase and slows emptying . Estrogens increase cholesterol secretion and minimally alter gallbladderfunction . Also in the third trimester when the acute pancreatitis is mostfrequent, the uterus is enlarged and intrabdominal pressure on the biliary ducts is increased.Pancreatic Necrosis was the most important predictive factor for fluid collection and their resolution.

Conclusion

Although Acute Pancreatitis in Pueperium is rare,it must be considered in when evaluating patients with abdominal pain and/or Ascites in the Postpartum period.Serum Amylase may not always be elevated and early recourse to CT scan will facilitate diagnosis and allow for appropriate management.

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