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## Hypertriglyceridemia, the main risk factor for pancreatitis

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**Introduction:** The pancreas is a large gland behind the stomach and close to the first part of the small intestine. It secretes digestive juices into the small intestine through a tube called the pancreatic duct. The pancreas also releases the hormones insulin and glucagon into the bloodstream. Pancreatitis is inflammation of the pancreas. It occurs when digestive enzymes start digesting the pancreas itself. Pancreatitis can be acute or chronic. The most common cause of acute pancreatitis is stones in the gallbladder. Gallstones pass through the common bile duct to enter the small intestine. At the entry of the small intestine, the main pancreatic duct joins or lies immediately next to the common bile duct. It is believed that stones that get stuck in the common bile duct impinge on the main pancreatic duct, causing an obstruction of the normal flow of pancreatic fluid and leading to pancreatic injury. Another way that a stone can cause pancreatitis is by causing a backflow of bile into the pancreatic duct, resulting in pancreatic injury. Signs and symptoms of pancreatitis includes upper abdominal pain that radiates to your back and feels worse after eating, nausea, vomiting and tenderness when touching the abdomen. Common risk factors of pancreatitis are gallstones due to high calcium levels in the blood (hypercalcemia) and high triglyceride levels in the blood (hypertriglyceridemia), alcoholism, certain medications (NSAIDs, antibiotics and chemotherapy medications), cigarette smoking, cystic fibrosis, family history of pancreatitis and infection. Pancreatitis can cause serious complications, including pseudocyst, severe infection, breathing problems, diabetes, kidney failure, malnutrition and pancreatic cancer.

**Methodology:** This cross-sectional study was conducted from September 2014-September 2016. Patients above 20 years of age were recruited in this study. Sample size was 786. A history and examination form designed from an application "Forms", particularly for the study. Diagnostic tool used to confirm the disease was amylase test with abdominal ultrasound and blood tests to relate it with certain risk factors. For data analysis SPSS 16.0 software was used.

**Results:** Out of 786 patients, 44.8% were females and 55.2% were males. The overall prevalence of risk factors were hypercalcemia 10.6%, hypertriglyceridemia 34.8%, alcoholism 7.4%, certain medications (NSAIDs, antibiotics and chemotherapy medications) 9.3%, cigarette smoking 12%, cystic fibrosis 7.6%, family history of pancreatitis 8.3% and infection 10%. The commonly observed complications includes 2.8% pseudocyst, 31.9% severe infection, 6.7% breathing problems, 38.2% diabetes, 8.4% kidney failure, 7.9% malnutrition and 4.1% pancreatic cancer.

**Conclusion:** It is recommended that all patients with hypertriglyceridemia are advised on lifestyle modification to reduce triglycerides (TG) to <150 mg/dL; a reduction in body weight of 10-15% can reduce TG by approximately 25%. For patients with TG <400 mg/dL, the primary goal is to reduce low-density lipoprotein cholesterol (LDL-C) and non-high-density lipoprotein cholesterol. When TG is ≥500 mg/dL the primary goal is to reduce TG levels to lower the risk of pancreatitis. With the increasing incidence of associated conditions (e.g., obesity, metabolic syndrome and type-2 diabetes mellitus), it is likely that primary care physicians will encounter more patients of pancreatitis with hypertriglyceridemia.

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