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The role of antiprotease in preventing post endoscopic retrograde cholangiopancreatography pancreatitis**Ahmed Elsayed Attia and Esam Elshimi**
Menofya University, Egypt**Background:** Pancreatitis is the most common complication following endoscopic retrograde cholangiopancreatography (ERCP), which can on occasions be severe and life threatening.**Aim:** To compare the efficacy of alpha chemotrypsin, allopurinol 300 mg compared to the standard of care for the prevention of post-ERCP acute pancreatitis.**Patients and Methods:** 150 patients were scheduled for ERCP either for diagnosis and or treatment of obstructive jaundice. Patients were randomized to receive a single dose of either: 100 mg diclofenac suppository immediately after ERCP (50 patients, 22 males, mean age 55.1±13.6 years), 300 mg oral allopurinol one hour before ERCP (50 patients, 26 males, mean age 57.3±15.5 years) and alphachemotrypsin intramuscular injection immediately after ERCP (50 patients, 23 males, mean age 52.9±14.4 years). Serum amylase and lipase were measured immediately before, 4 and 24 hours after ERCP. Pancreatitis was considered when there was abdominal pain consistent with pancreatitis, coupled with the need for unplanned hospital stay or extension of the planned hospital stay by at least 2 days, with rise of serum amylase at least 3 times the upper normal level.**Results:** None of the patients on diclofenac or alphachemotrpsin developed post-ERCP pancreatitis, versus one patient on allopurinol 300 mg. Serum amylase and lipase increased none significantly after ERCP in the diclofenac and the alphachemotrpsin groups. In alphachemotrpsin the regression of serum amylase and lipase to normal was much better compared to the other groups.**Conclusions:** Alphachemotrypsin administration intramuscular immediately after ERCP prevent post ERCP pancreatitis and at least is not inferior when compared to the standard of care administration of diclofenac, additionally, it seems that alphachemotrypsin administration post ERCP is associated with rapid decline in Serum amylase and lipase.**Biography**

Ahmed Attia is currently working as Lecturer for Department of Hepatology and Gastroenterology at National Liver Institute, Menofya University. He has completed his Ph.D fellow in Saskatchewan transplant program, Internal Medicine department from Canada in 2010. He secured his Medical Doctorate in Hepatology in 2012 by Menofya University, Egypt.

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