

# A Case of Drug Induced Acute Pancreatitis

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## ABSTRACT

Pancreatitis is a common presentation in clinical medicine. A 65 year old woman non-alcoholic presented with chief complains of acute pain abdomen since 2 days, vomiting since 2 days. Pain abdomen is sudden in onset located in the epigastric region radiating to the back, deep seated, boring in nature more in lying down and during walking, less in sitting and leaning forward, associated with vomiting. Associated with fever since 2 days, low grade, intermittent, associated with chills. She is a known pulmonary TB on antitubercular drugs [HRZE] since one month developed drug induced hepatitis. INH, Rifampicin was stopped and was kept on Levofloxacin and Streptomycin along with other drugs 5 days prior to hospital admission. She developed signs and symptoms of acute pancreatitis. Cause of pancreatitis was thought to be drug induced.

**Keywords:** Pancreatitis, levofloxacin, anti-tuberculoid drugs, hepatitis

## INTRODUCTION

Pancreatitis is a common presentation in clinical medicine. Commonest causes in our area is chronic alcoholism in males.<sup>[1]</sup> Few cases related to hepatobiliary obstructions, rarely we find hypertriglyceridemia.<sup>[2]</sup> On the other hand idiopathic cause of pancreatitis is also described; it is due to any drugs or autoimmune disorders that is not clear.<sup>[3]</sup>

On review of literature some of the drugs are listed which induce pancreatitis, what type of autoimmune disorder causes idiopathic pancreatitis is not known.

## CASE REPORT

A 65 year old woman who was taking antitubercular drugs for pulmonary tuberculosis since one month developed pain abdomen and vomiting and jaundice thought to be related to antitubercular drugs. They were stopped, symptomatically patient improved, later Levofloxacin and Streptomycin was started by outside doctors. After 5 days, she developed acute pain abdomen radiating to back with distension in epigastric region.

There is no family history of pancreatic diseases. There is neither any history of alcohol abuse nor drug abuse. She



**Figure 1: Pancreas showing edematous and inflammatory changes**

was not alcoholic, no hypertriglyceridemia, not having any cholelithiasis. She was well nourished, mild icterus, temperature 99 F, pulse rate 118/min, Blood pressure was 130/80 mm Hg, distension and tenderness in epigastric region. On examination cardiovascular system, respiratory, CNS are normal.

## INVESTIGATIONS

White blood cells 8,400, Red Blood Cell: 140 mg/dl, serum calcium: 8.5 mg/dl, Blood urea and serum creatinine were normal. Serum amylase: 990 IU/L; serum lipase: 180 IU/L; serum Ldh: 190 IU/L; serum bilirubin: 3.0 mg/dl, indirect: 1.8 mg/dl, ALT, AST, ALP within normal limits; lipid profile normal; HIV: non reactive. USG abdomen findings showed the Bulky pancreas with intralobular edema, biliary tract normal.

**CT Abdomen:** Inflamed pancreas enlarged in size, no necrotic changes.

## DISCUSSION

Drug induced pancreatitis is relatively a less known concept in acute pancreatitis, as it is a relatively rare occurrence considering the small number of patients who develop pancreatitis compared to the large number of patients who receive potentially toxic drugs.<sup>[2,4]</sup> According to pancreatotox file prepared by the Paris Regional Centre - Saint-Antoine, the number of offending drugs reached 261, representing potentially 1–2% of acute pancreatitis.<sup>[4]</sup> Levofloxacin belongs to the new fluoroquinolones group. The most commonly reported adverse reactions are minor digestive disorders and elevated liver transaminases.<sup>[5]</sup>

A 65 year old woman presented with acute abdomen investigation showed acute pancreatitis. She developed acute hepatitis with INH, Rifampicin outside doctors

stopped and started levofloxacin and streptomycin. 5 days later she developed acute pain abdomen suggestive of acute pancreatitis. No known etiological factor noted except ingestion of drugs. We stopped levofloxacin and other drugs she improved within one week with symptomatic therapy.

## CONCLUSION

Acute pancreatitis presented in a case where known etiological agents like alcoholism, biliary tract disease, hypertriglyceridemia are absent. She was on drugs for antitubercular therapy developed hepatitis they stopped those drugs she improved 2 days later, she was given levofloxacin. After 5 days of administration developed acute pancreatitis. Hence, we present this case as drug induced acute pancreatitis due to levofloxacin.

## CONFLICT OF INTEREST:

The authors declared no conflict of interest.

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