



### RESEARCH ARTICLE

#### PANCREATITIS IN CHILDREN : A DISCUSSION ON NEED OF SURGICAL INTERVENTION.

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#### Abstract

**Introduction:** Pancreatitis in children are due to pancreatic duct divisum, autoimmune disorders, hereditary disorders, hyperlipidemia  
**Aim:** To study the need and effectiveness of surgical approach in pancreatitis occurring in children.

**Materials and methods:** During 2007 -2018, 24 cases of chronic pancreatitis in children were studied.

**Results:** Abdominal pain subsided, steatorrhea controlled, weight gain was adequate and incidence of pancreatitis drastically came down. Diabetes mellitus due to pancreatic acini atrophy was prevented.

**Conclusion:** observation for 3-4 weeks of all pancreatitis cases with pseudocyst is mandatory for pseudocyst to spontaneously rupture or mature and surgical intervention is needed if conservative management doesn't yield satisfactory results.

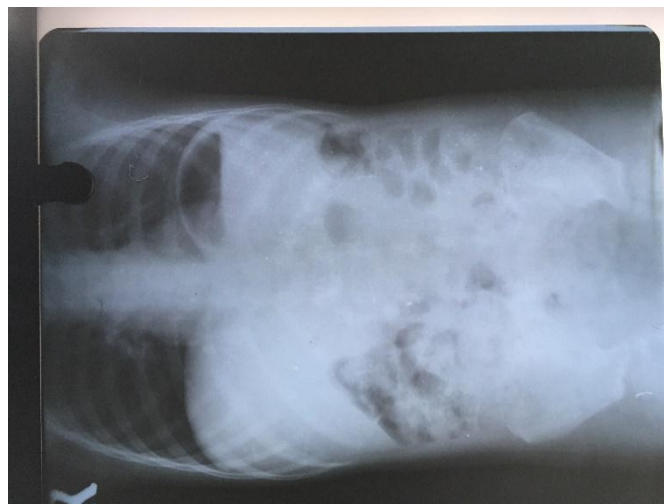
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#### Introduction:-

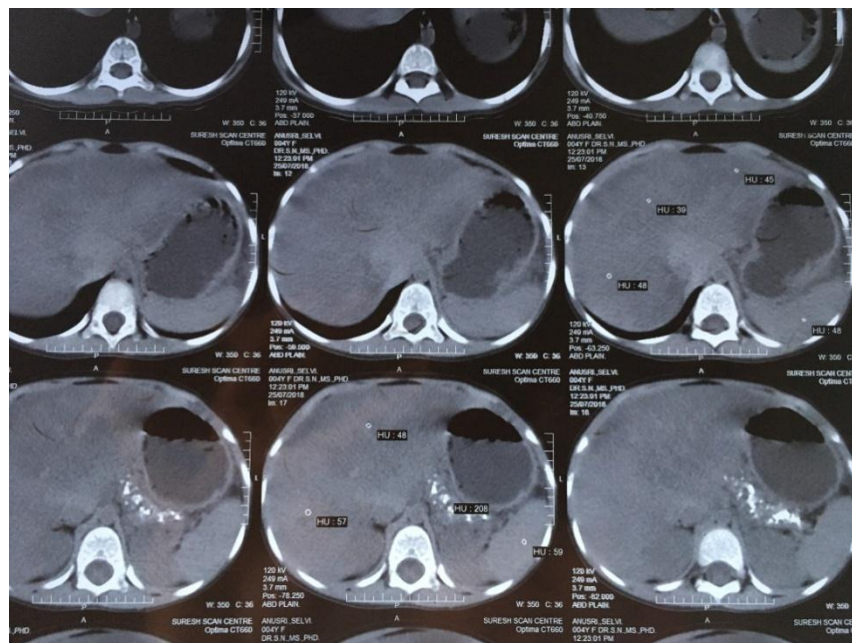
All pancreatitis patients were treated conservatively initially and then if patient has weight loss, jaundice, intractable pain surgery is planned. 95% of the patients presents with abdominal pain, that is cramping and boring in nature. When the disease is advanced exocrine insufficiency occurs and diabetes mellitus occurs. In patients with dilated pancreatic duct, intraductal pressure is elevated. Normal pancreatic intraductal pressure is 20cm of water. Pain intensity increases when intraductal pressure increases to 30-50 cms of water. Food aggravates pain and patient restricts food intake leading to weight loss.

#### Materials And Methods:-

During 2007-2018, 24 cases of pancreatitis were studied. Out of which 2 cases underwent lateral P-J and 2 cases underwent cystojejunostomy. Above 24 patients evaluated with serum Amylase and Lipase, MRCP, UGI Scopy. Initially managed with analgesics and antibiotics for a minimum of 3-6 weeks. 50% -70% of cases does not require surgery. Chronic pancreatitis presenting with malnourishment and pancreatic calculi causing obstruction and pseudocyst formation require Peustow procedure (Lateral/Onlay Pancreatic duct Jejunostomy).



**Figure No.1:-** Plain X-ray abdomen showing calcifications in Pancreas



**Figure No.2:-** CECT abdomen showing pancreatic duct calculi and dilatation. IHBR dilatation.

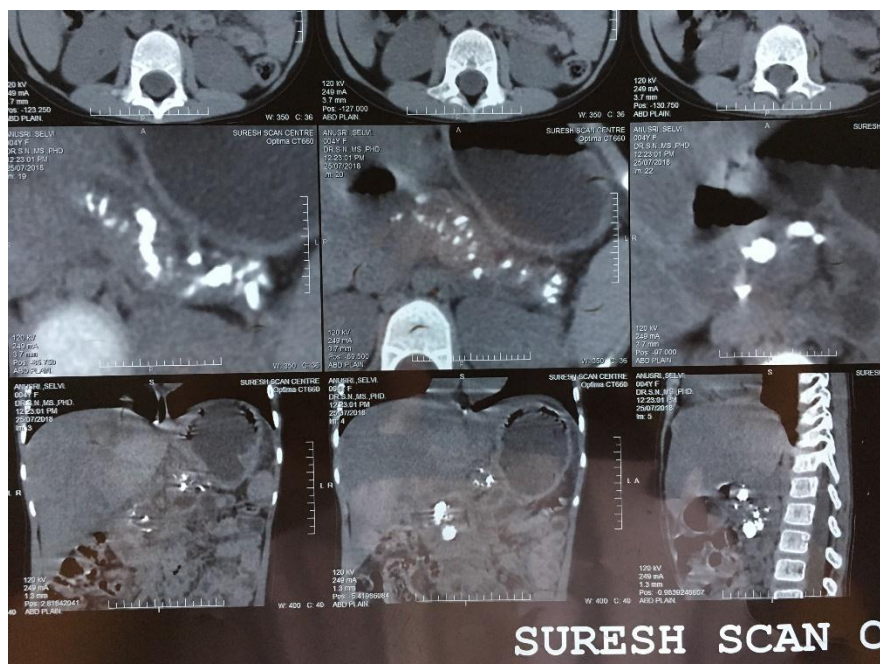


Figure No.3:-CECT abdomen showing pancreatic pseudocyst.



Figure No. 4:-Chain of Lakes appearance in Pancreatic duct due to calculi

### Discussion:-

All pancreatitis patients were evaluated with blood sugar, serum amylase, serum lipase, LFT, ultrasonogram, CECT abdomen, UGI scopy and MRCP. Blood sugar is normal unless 90% of exocrine insufficiency occur. Serum amylase and lipase were invariably elevated. LFT which was elevated preoperatively became normal post operatively. Normal appetite was restored. Serum amylase and lipase became normal post operatively.

Whenever there is obstruction to pancreatic duct, stricture and pseudocyst formation, operations were designed to reduce the ductal pressure. Pancreaticojejunostomy relieved the elevated intra ductal pressure and the patient gained normal appetite in the postoperative period.

### Results:-

Out of 24 cases, 2 cases had pancreatic divisum and were treated conservatively and 2 cases had autoimmune disorder and treated with steroids. 2 cases with hyperlipidemia and obesity were treated by Dept of MGE. All patients are regularly followed up for remissions and relapse. Only 4 patients underwent surgery in the past 11 yrs.

**Conclusion:-**

Lateral pancreaticojejunostomy is done to divert the pancreatic enzymes. P-J prevents further calculi formations and alleviates recurrent abdominal pain. P-J prevents Diabetes mellitus due to exocrine insufficiency. Diabetes occurs when 90% of exocrine glands gets atrophied due to pancreatic duct obstruction.

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