Acute pancreatitis revealing ulcerative colitis—A case report

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Received 24 November 2013; revised 26 December 2013; accepted 12 January 2014

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ABSTRACT
The association of acute pancreatitis with ulcerative colitis [UC] has been described in the literature. It is usually induced by drugs, but sometimes it may be idiopathic. This association remains rare. We report the case of a patient who was treated in our department. Medical observation: Mr. KA, a 60-year-old man, was admitted to our unit for management of acute epigastric. The clinical examination at the admission was normal. After eliminating a cardiac or surgical cause, diagnosis of acute pancreatitis was made on the presence of a serum lipase up to 5 times the normal level and pain intensity. An abdominal scanner tomography was performed for the assessment of the pancreatitis. It has shown a pancreatitis stage C associated with a thick rectosigmoid that was discovered incidentally. Symptomatology was enriched 10 days after by the occurrence of rectal bleeding. A lower endoscopy was performed after the improvement of the pancreatitis and had shown an ulcerative colitis on pancolitis which was confirmed by biopsy. In order to search other causes of this pancreatitis, other tests were made [a biliary IRM, endoscopic ultrasonography, autoimmune tests] and the results were negative. We concluded an idiopathic pancreatitis. The ulcerative colitis was classified as moderate and the patient was put on oral corticosteroids with depression. The evolution was marked by a clinical and biological improvement of pancreatitis and colitis. Conclusion: The association of idiopathic pancreatitis with ulcerative colitis is rare. The case of our patient is the first case reported in our series with 400 cases of ulcerative colitis diagnosed in our service.

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KEYWORDS
Acute Pancreatitis; Ulcerative Colitis

1. INTRODUCTION
The association of acute pancreatitis with ulcerative colitis (UC) has been described in the literature [1-3]. It is usually due to use of drugs [1,2,4,5] like salicylates and immunosuppressants (azathioprine and 6 mercaptopurine). However, this association may sometimes be idiopathic [3-6] or as part of extraintestinal manifestations of inflammatory colitis which are very rare. We report the case of a patient who was admitted in our hospital for acute pancreatitis and next examinations have revealed an asymptomatic ulcerative colitis.

2. MEDICAL OBSERVATION
Mr. KA, 60 years old, was admitted to our department for management of acute epigastric pain associated with early post prandial vomiting. The initial clinical examination objectified a mild epigastric tenderness. After eliminating a cardiac or surgical cause, the diagnosis of acute pancreatitis was made on the basis of the presence of a serum lipase up to 5 times the normal level and pain intensity. An abdominal CT scan was performed and has revealed a stage C according to the Balthazar classification associated with a thickening of rectum and sigmoid [images 1 and 2]. The pancreatitis was managed by stopping feeding, rehydration and analgesic treatment for 72 hours with clinical improvement and disappearance of epigastric pain.
tomatology was enhanced 10 days after by lower in-
testinal bleeding and diarrhea (4 stools per day), all oper-
ing in a context of apyrexia and impairment of general
condition. A lower endoscopy was performed and has
objectified an erythematous and ulcerated mucosa with-
out intervals of healthy mucosa from the anal canal to the
right colon. We have concluded to the diagnosis of ul-
crative colitis which was confirmed next by the results
of biopsies. For searching the causes of pancreatitis, a
cholangio MRI and a bili ultrasonography were normal,
and autoimmune tests (anti LKM1, anti-smooth muscle,
anti-mitochondrial, Anti-nuclear antibodies and dosage
of IgG4) were also normal. We concluded an idiopathic
pancreatitis. The colitis was classified as moderate and
the patient was put on oral corticosteroids. The evolution
was marked by an improvement in clinical and biological
status of pancreatitis and colitis.

3. DISCUSSION
The association between pancreatic lesions and chronic
inflammatory bowel disease has been reported since
1950 by Ball et al. [7] This autopic study in 86 patients
with UC, revealed lesions of pancreatitis in 14% - 53%
of cases. The occurrence of pancreatitis associated with
ulcerative colitis has been reported in specific contexts:
alcoholism, viral infection, abdominal trauma, choleli-
thiasis, malnutrition, hypertriglyceridermia, hyperpara-
thyroidism and drug (mesalamine, azatioprine, 6-mer-
captopurine, steroids and metronidazole) [1,2,4,7-11]. In
the absence of an evident cause pancreatitis including
drug intake, pancreatitis is considered idiopathic. The
pathophysiology of this association remains poorly un-
derstood, several theories have been put forward: the first
believes that this association is fortuitous and the second
refers to the fact that the pancreatitis could be an extra-
intestinal manifestation of UC [3,12]. There are several
mechanisms that can explain the increase of pancreatic
enzymes in IBD: the first one is that the pancreas can be
reached directly by the extension of IBD, the second
potential mechanism is secretion of inflammatory me-
diators and cytokines due to the IBD, and the third me-
chanism is the inflammation of the pancreatic ducts. This
explains the impaired pancreatic exocrine function which
is the most common pancreatic abnormality in IBD. The
association of hepatobiliary manifestations [sclerosing
cholangitis, pericholangitis, chronic pancreatitis] to UC
may precedes or occur after the diagnosis of UC, and this
association is considered as an autoimmune affection
in patients genetically predisposed. HLA B28 and DR3
were observed in case of association of sclerosing cho-
langitis with UC [13]. In case of Crohn’s disease, the
presence of papilledema secondary to inflammation of
the duodenal mucosa may increase the risk of acute pan-
creatitis, however, this theory could not be mentioned in
ulcerative colitis [3,14]. A study of Stokers et al. showed
an elevated auto antibodies directed against the pancreas
in 40% of patients with Crohn’s disease and a high pre-
valence of these autoantibodies in first-degree relatives
of patients with chronic inflammatory bowel disease [15].
Our patient had no significant medical history, presented
no risk factor for acute pancreatitis and had no history of
recent drug taking including those described above. In
the various cases reported in the literature, the occur-
rence of pancreatitis precedes the onset of ulcerative co-
litis by a mean interval of 7 months [1 - 12 months]. The
UC can be mild or severe, limited to the rectum or spread
to the entire colon. The association of acute pancreatitis
with UC is characterized by the presence of mild symp-
toms, moderate elevation of pancreatic enzymes, the ab-
sence of abnormalities in pancreatic imaging, sometimes
a narrowing of the pancreatic duct at the endoscopic re-
trougrade cholangiopancreatography and favorable prog-
nosis of the pancreatitis [16].

4. CONCLUSION
Idiopathic acute pancreatitis may be the mode of revela-
tion of UC, however, this association is rare, and its phy-
siopathology is poorly understood. The case of our patient
remains the first one we found among 400 cases of ul-
crative colitis diagnosed in our service.

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