

CASE REPORT OF CORTISOL-INDUCED PANCREATITIS

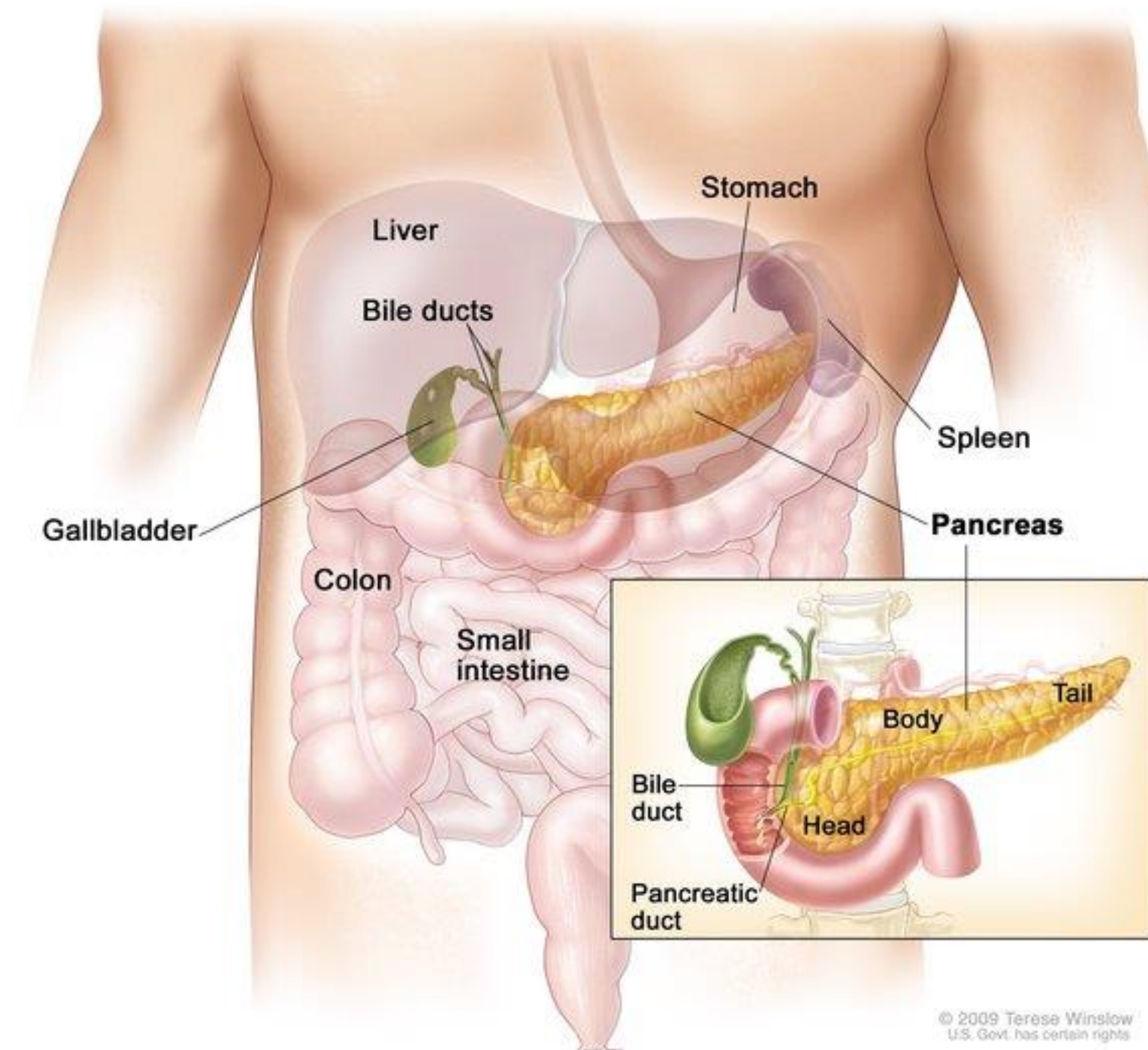
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Background

- Acute Pancreatitis is an inflammatory process that affects the pancreas
- Annual Incidence of acute pancreatitis is 4.9-35 per 100,000 population
- Mortality rate: 5%
- A case of sixty-three-year-old Hispanic male admitted for acute pancreatitis and found to have hypercortisolism with an adrenal adenoma

Objective

- Diagnosis is made when two of three criteria's are met:
 1. Characteristic abdominal pain (sudden onset, epigastric pain, radiation to the back, associated with Nausea and Vomiting)
 2. Elevation of serum lipase/amylase 3x upper limit of normal
 3. Findings on imaging
- Managed with IVF, pain control, bowel rest with early feedings as tolerated



Pancreatitis
National Institute of Health Image Gallery - Flickr

Case Presentation

- Sixty-three-year-old Hispanic male presented with sudden onset, diffuse abdominal pain of 2 hours duration.
- Never experienced this pain before
- Past medical history of seizures secondary to brain trauma 30 plus year prior to admission
- Currently taking Carbamazepine and Topiramate
- Denies history of alcohol abuse

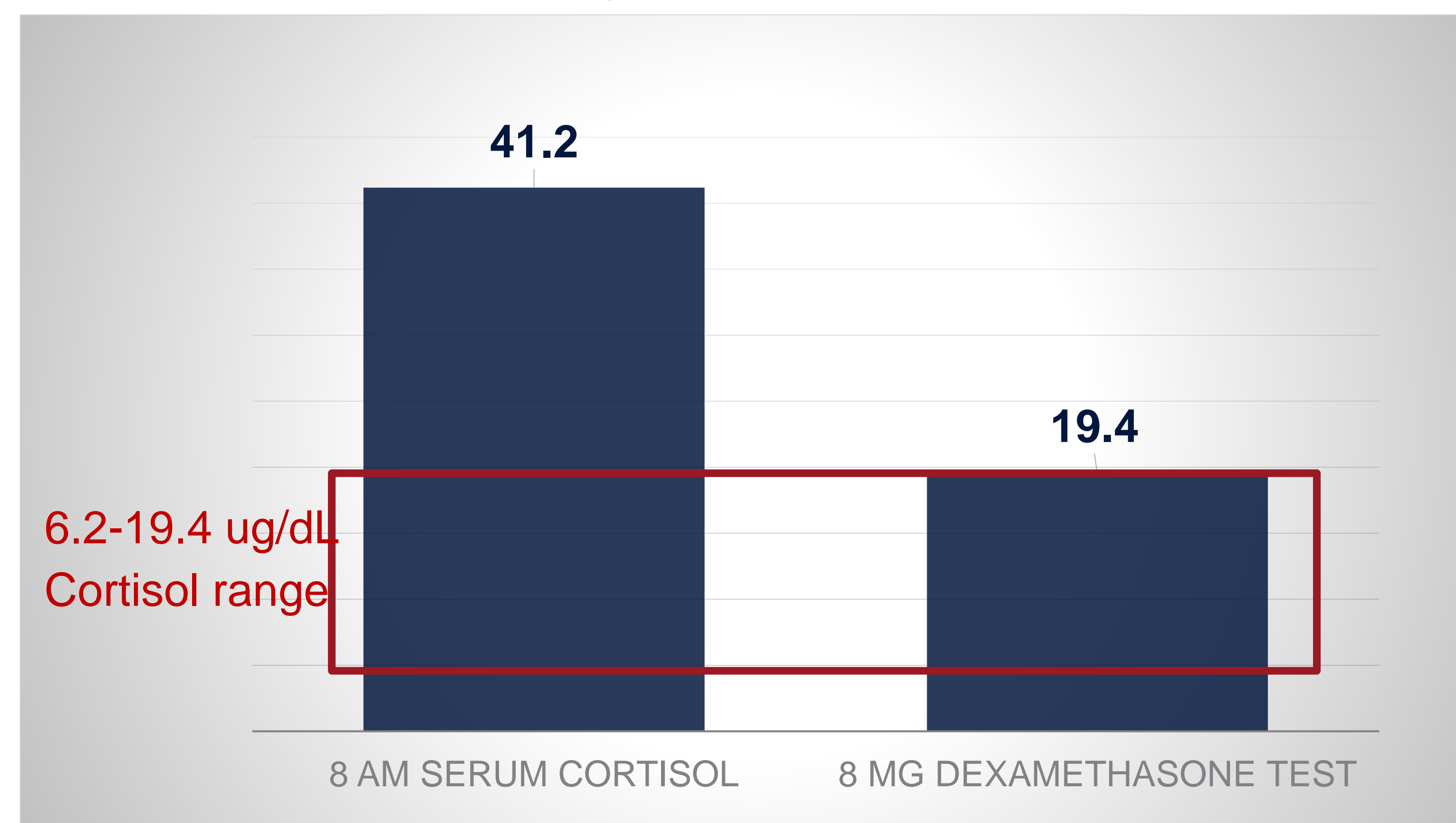
Examination

- Afebrile, hemodynamically stable
- Diffuse abdominal pain with guarding, 8/10, no radiation
- Associated with one episode of nausea and vomiting
- Initial Labs: WBC 18.2, lactic acid 3.61, Lipase >3500
- Remaining labs were unremarkable
- Abdomen and pelvis CTA showed mild inflammation surrounding the pancreas, left adrenal adenoma 6.6 cm (Figure 1)
- Abdominal US was negative for gallstones
- Carbamazepine level was normal 10.6
- Topiramate level was low at 1.8

Table 1. Lipid profile

LIPID PROFILE	
Triglycerides	51 mg/dL (0-150)
Cholesterol	151 mg/dL (0-199)
LDL	68 mg/dL (90-200)
VLDL	10 mg/dL (8-30)
HDL	73 mg/dL (35-60)

Cortisol Levels



Graph 1. Cortisol level before and after 8mg dexamethasone test

Imaging

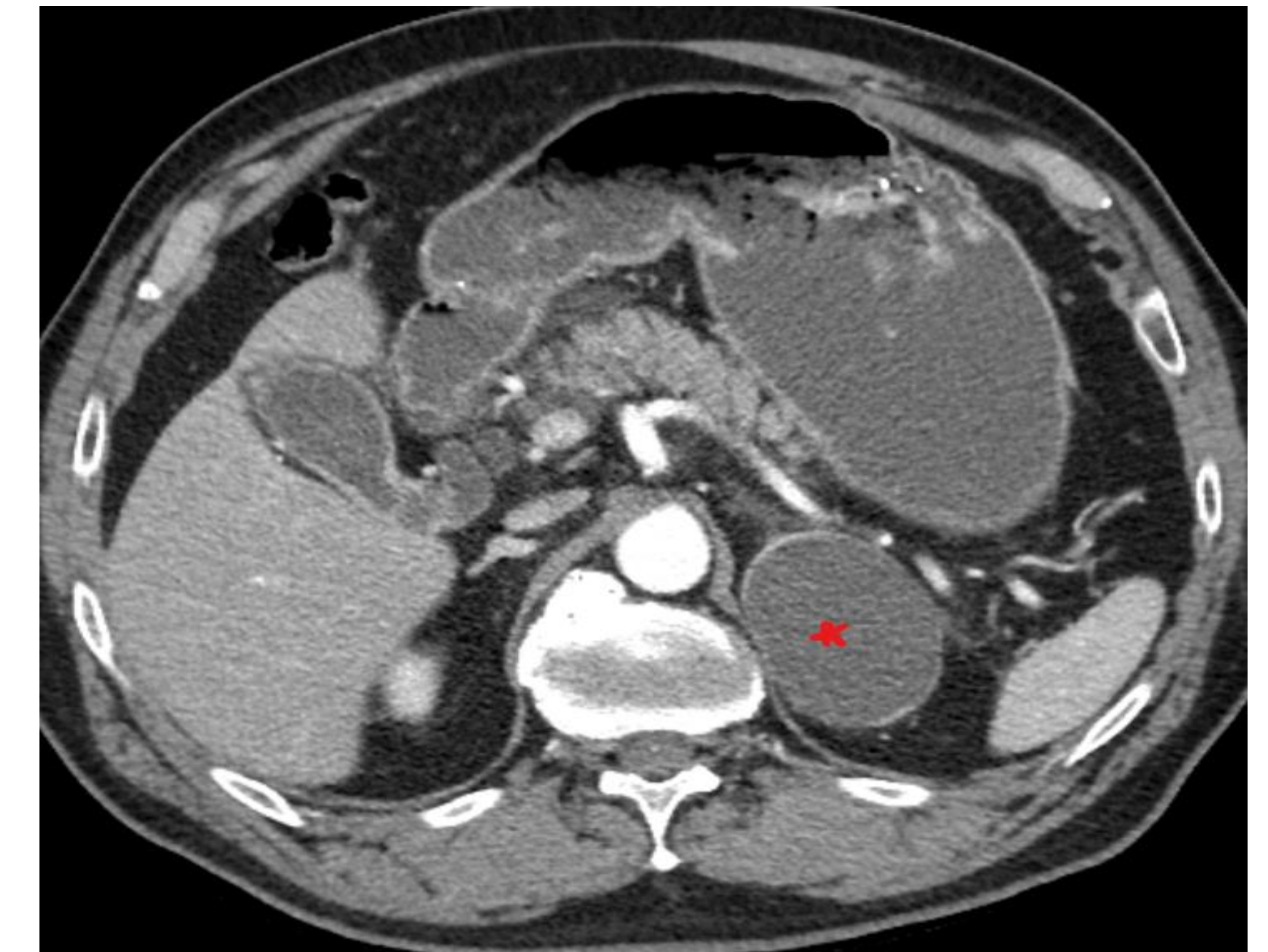


Figure 1. CT scan demonstrating 6.6 cm left adrenal adenoma.

Discussion

- Acute pancreatitis is a common gastrointestinal disorder that requires hospitalization
- Main etiologies
- Gallstone 40-70%
- Alcohol 25-35 %
- Hypertriglyceridemia 1-14%
- Post-ERCP, genetic risk, medications such as Carbamazepine, valproic acid, glucocorticoids
- Management is through pain control, intravenous hydration, bowel rest with evidence of early feedings as tolerated

Conclusion

- Patient was discharged with a diagnosis of cortisol-induced pancreatitis and a follow up with Endocrinologist
- Provides awareness to health care providers regarding high cortisol levels and pancreatitis

References

1. Vege S. (year). Etiology of acute pancreatitis. UpToDate. Retrieved January 27, 2024 from <https://www.uptodate.com/contents/etiology-of-acute-pancreatitis>.
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