

THE TYPE OF PAIN IN PATIENTS WITH CHRONIC PANCREATITIS CAN PREDICT THE GRADE OF PANCREATIC FIBROSIS

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Introduction

The main clinical feature of chronic pancreatitis (CP) is pain. There two types of pain: type A – episodic severe pain with the absence of pain periods and type B – constant pain with episodes of severe pain.

Aims

To define the relationship between the type of pain with the severity of CP.

Material and methods

The results of surgical treatment of 181 patients with CP complicated with pancreatic hypertension were submitted. According to TIGAR-O classification in 162 (90%) patients CP occur after an attack of acute pancreatitis, and 172 (95%) patients had a history of alcohol abuse. According to Marcel – Rome classification calcification CP had 21 patients, obstructive – 34, inflammatory form – 2, fibrosis – 12, cyst – 112.

In 37 patients undergoing a surgical procedure, we check a tissue resistant pressure (TRP) using a Stryker tissue pressure monitor and pressure inside the main pancreatic duct. Surgical treatment was required in 148 patients. In 53 patients, we used a minimally invasive surgical treatment.

Results

Episodes of severe pain require the hospitalization of the patient with CP. Dependence of pain type to CP severity were checked in 62 patients. All patients with calcification CP (5), multiple strictures of main pancreatic duct (7), large (12) and infected (5) pancreatic cyst had pain type B on the time of admission to the hospital. Patients with pancreatic head alone stricture (4), small and medium (26) pancreatic cyst had type A pain. One patient with fibrosis of the pancreas had type B and one – type A pain. And 1 patient more with pancreatic head alone stricture had type B pain.

Patient with calcification (5) and obstructive CP (multiple strictures of the main duct – 7 patients) had TRP as high as >200 mm.Hg in all part of the pancreas indicating the total pancreatic fibrosis. In patients with pancreatic head alone stricture TRP was highest it the place of pancreatic duct stricture (>200 mm.Hg), as in other parts of the pancreas it decrease till 120 mm.Hg and lower. Ductal pressure was increased only in 22 (59,5%) patients. All patients histologically had 4 grade of fibrosis in the stricture place, and there was clear correlation with TRP and histological fibrosis grade.

Conclusion

The nature of type A pain are the hypertonic crisis inside the main pancreatic duct (or cyst) with medium stage of pancreatic fibrosis. Type B pain associated with hypertonic crisis inside the main pancreatic duct (or cyst) with severe stage of pancreatic fibrosis.