gutflix
GI learning, personalised

Summary

Chronic pancreatitis follow-up: Where does it go?

Cecilie Siggaard Knoph

UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | Mechanisms & Personalised Medicine | Pancreas | Primary Care

October 13, 2024

A 64-year-old male with alcohol-related chronic pancreatitis since the 1980s illustrates the spectrum of disease complications including progressive pancreatic insufficiency, diabetes, recurrent ductal obstruction, and severe malnutrition despite interventions.

KEY POINTS

- The patient developed exocrine insufficiency diagnosed by low faecal elastase in 2006 and was started on Creon enzyme replacement therapy, then developed diabetes in 2011 requiring insulin.
- Recurrent biliary and pancreatic duct stenoses required multiple ERCP procedures with stent placement, and complete duodenal obstruction developed requiring dilation.
- The patient's weight declined from approximately 80 kg at diagnosis to 50 kg currently despite treatment, with poor compliance to enzyme replacement therapy contributing to ongoing malnutrition.
- DEXA scan revealed osteoporosis and the patient was started on bisphosphonates, vitamin D, and calcium supplements.
- The patient declined offered supplemental nutrition via nasogastric or PEG tube and continues to experience persistent abdominal pain requiring opioids, with gabapentin trial unsuccessful.
- The speaker emphasized that alcohol and smoking cessation is essential to prevent disease progression in chronic pancreatitis patients, though this patient continues to smoke 10-15 cigarettes daily.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/84f18ed4-9130-11ef-8ca2-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.