

Acute Pancreatitis in Children after Abdominal Trauma

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ABSTRACT

Introduction. Pediatric acute pancreatitis (PAP) is an emerging situation and most frequently the result of blunt abdominal trauma (23%, United States 15–37%). The condition is characterized with epigastric pain and elevated serum digestive enzymes. Despite modern diagnostic methodology and advanced clinical practice, PAP represents specific and serious clinical situation associated with significant morbidity and long-term consequences. Grade I–II require mostly conservative treatment and grades III–V surgical management.

Methods. Two pediatric medical records were analyzed based on the same mechanism of injury (blunt abdominal trauma due to bicycle accident): two boys of 11 years suffered an impact of handlebar into the left abdominal side. In the same mechanism of trauma, two different clinical situations were observed: grade II and grade III pancreas trauma treated conservatively and surgically (explorative laparotomy, evacuation of hematoma, drainage), respectively. Average hospital stay in both cases was ten days; both cases were transiently treated with parenteral nutrition, non-morphine based pain medication (paracetamol), pancreatic rest, restoration to metabolic homeostasis management and short-term antibiotic prescription.

Results. Due to prompt recognition of PAP due to blunt abdominal trauma both, clinical and surgical treatment modalities, resulted in no medical short- or long-term complications. Average hospital stay in both cases was 26 days; both cases were transiently treated with parenteral nutrition, non-morphine based pain medication (paracetamol), pancreatic rest, restoration to metabolic homeostasis management and short-term antibiotic prescription.

Conclusions. Traumatic pancreatitis (PAP) is an increasingly recognized clinical entity that needs to implement modern diagnostic approach and modalities. The treatment approach adapted to pediatric population need to be implemented to improve outcomes and reduce short and long-term consequences. Well-designed prospective studies are highly recommended for pediatric guidelines of PAP formation.

References

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