Pancreatic Carcinoma Complicating Tropical Pancreatitis in North India

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Abstract

A patient from north India with diabetes mellitus of 22 year duration, chronic calcific pancreatitis, and bile duct stricture due to disseminated pancreatic carcinoma is described from North India.


Key words: Chronic pancreatitis.

Tropical pancreatitis is a disease with significant geographical variation, with most reports from India emanating from south India, particularly Kerala.1 3 In the recent past, increased risk of pancreatic malignancy has been reported in patients with long-standing tropical pancreatitis, leading to the suggestion that the latter is a premalignant condition.2 3 While occasional case reports of tropical pancreatitis have been reported from other parts of India,4 5 carcinoma complicating tropical pancreatitis has not been reported from north India.

A 55-year-old man, resident of Punjab, presented with epigastric pain, anorexia and weight loss for 2 months. He had been detected to have diabetes mellitus 22 years ago and was on insulin therapy. He had been having epigastric pain and loose stools on and off for the last 20 years and had been informed to have an extensive pancreatic disease. He was non-alcoholic. On examination, he had pallor, icterus, enlarged liver and distended gall bladder.

In investigations: hemoglobin 11.7 g/dL, fasting blood sugar 120 mg/dL, postprandial sugar 200 mg/dL, bilirubin 10 mg/dL (conjugated 5.8), SGOT 78 IU/L, SGPT 133 IU/L and alkaline phosphatase 14 KAU.

Abdominal ultrasound and computed tomography (CT) revealed grossly dilated pancreatic duct with multiple intra ductal calculi and a pancreatic pseudocyst. Common bile duct showed a narrowing in its lower end with proximal dilatation. Gall bladder was distended. Three small hypoechogenic lesions were seen in the liver, suggestive of metastases. ERCP showed pancreatic ductal dilatation till the mid-body region with multiple stones, grossly dilated side branches and a cyst in the head region. Common bile duct was narrow in its lower part with proximal dilatation.

At laparotomy, a hard nodular mass, about 3 cm x 3 cm in size, was found in the head of the pancreas with evidence of liver metastases and deposits on the falciform ligament. A palliative choledochjejunostomy was performed. Histology of tumor and metastatic deposits confirmed it to be an adenocarcinoma. Patient was advised chemotherapy which he declined.

An association between pancreatic cancer and tropical pancreatitis has been demonstrated recently by various workers.2 6 Augustine and Ramesh found pancreatic adenocarcinoma in 22 (8.3%) of 266 patients with tropical pancreatitis. Factors associated with high risk of cancer in tropical pancreatitis in this study were age more than 40 years, short duration of symptoms, weight loss, presence of a mass on ultrasonography and a ductal block at ERCP.2 6 In 17 of the 22 patients in this study tropical pancreatitis and carcinoma were diagnosed simultaneously.2 6 In the present case, the patient had been informed 22 years ago that he had a pancreatic disease.

South Indian states, particularly Kerala, have the highest prevalence of tropical pancreatitis in the world.1 3 The disease has been reported lately from other parts of the country, such as Delhi4 and Orissa.5 While the demographic and clinical features of north Indian patients were akin to those from south India, some differences have been reported. Pancreatic malignancy complicating tropical pancreatitis has not been reported from areas other than south India.

The present case emphasises the need to recognize this complication in areas other than south India.

References