



## ACUTE PANCREATITIS CAUSED BY SELF-INDUCED POISONING: A CASE REPORT

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**Background:** Drug induced acute pancreatitis accounts for <2% of all of acute pancreatitis cases. Because of the difficulty in diagnosing drug induced acute pancreatitis, it is thought that it is often overlooked in clinical practice.

**Case report:** In this presentation, we report a case of drug induced pancreatitis caused by self-induced poisoning with multiple drugs. A 33-year-old woman attempted suicide by taking acetaminophen(75mg/kg), dihydrocodeine phosphate(1.95mg/kg), ibuprofen(25mg/kg), sertraline(17.5mg/kg). On arrival in emergency room, the patient was drowsy but her vital signs were normal and there was no evidence of organ dysfunction. Although her serum acetaminophen concentration was under the Smilkstein's treatment nomogram line, she was hospitalized for follow up. The next day of admission (day2), she had acute abdominal pain with peritoneal irritation sign and her serum amylase level was elevated. In addition, Contrast enhanced CT Scans demonstrated edema in the peripancreatic fat around the pancreatic head, therefore we diagnosed her as acute pancreatitis. She didn't have a risk factor of pancreatitis and evidence of gallstone pancreatitis and IgG4 related pancreatitis didn't exist, so drug induced pancreatitis was the most likely diagnosis. She was administered fluid replacement, meropenem hydrate and Protease inhibitors. She became asymptomatic on day 3 and serum amylase level became normal on day 5. She was discharged on day 9 without any complications.

**Discussion:** Acetaminophen, dihydrocodeine phosphate, ibuprofen and sertranin are all reported as the cause of drug induced acute pancreatitis. Among these drugs, opioids including dihydrocodeine phosphate is the most common cause of acute pancreatitis, and acetaminophen is the next. We can't identify the offending drug when the patient takes multiple drugs as in this case, but treatment is the same as other acute pancreatitis regardless of that. The clinicians should consider acute pancreatitis in the differential diagnosis when patient with acute poisoning has abdominal pain.



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