

## THE DIGESTIVE CLINICAL MANIFESTATIONS IN ACUTE PANCREATITIS

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### **Abstract**

*Clinical aspects in acute pancreatitis can vary beginning with the rough form, apparently atypical, up to severe forms.*

*The beginning in acute pancreatitis is brutal, usually correlated with a alimentary moment, as a rich alimentation with fats and alcohol.*

**Keywords:** pain, hemorrhage, ileus

### **INTRODUCTION**

The pain is the main element that dominates the symptoms, described classically by the old gemologists as having a localization in epigastrium and irradiation in the bar, respectively the right and left hypochondrium, aspect that corresponds to the transversal development in the upper abdominal level of the pancreatic gland. This is usually accompanied by vomit, in 70-90% of the cases and by the interruption of the intestinal transit, due to the paralytic ileus.

### **OBJECTIVES**

The determination from the symptomatic point of view of the frequency and of the moment when the acute pancreatitis is diagnosed.

#### **Material and methods.**

The study performed had at the base the same material mentioned in the epidemiologic study respecting the same research interval.

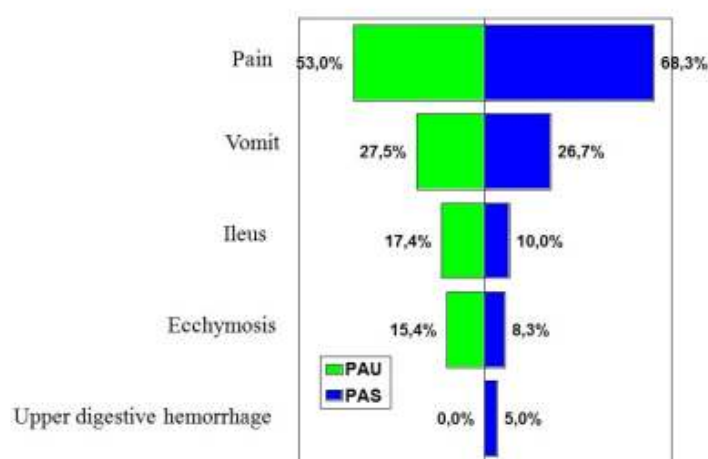
The research method used consisted of a statistical study based on the ANOVA standard test 1 Way, by which it was calculated: the P index, respectively it was considered the determination of the quota report (the interval of confidence: 95%), the Perason test hi square.

The processing of the data was made using the programs Microsoft Office Excel 2003 and SPSS 18. The representation of the results was made with the help of the graphics and tables.

## RESULTS

### DIGESTIVE CLINICAL MANIFESTATIONS.

The pain was the most frequent digestive symptom, met for 59,9% of the patients, followed by vomit (27,1%). We had 6 cases of upped digestive hemorrhage (2,2%). The 6 cases were diagnosed with severe acute pancreatitis.



**Graphic no. 1.** The distribution of the cases of AP depending on the type of AP and the digestive clinical manifestations.

The pain, the vomit, the ileus and the ecchymosis were present with differences at all the types of etiology, while HDS was registered in alcoholic etiology (1,9%), post traumatic (7,9%), toxic (2,9%) and idiopathic (3,8%).

The pain and ileus were the most commonly met in biliary etiology of AP (87,1%), the vomit in the alcoholic one (37,0%), and the ecchymosis in that post traumatic (23,7%).

### DISCUSSIONS

The study of the symptoms of the cases with acute pancreatitis from the Clinical County Hospital from Oradea considered the fact that, in the cases of

the digestive manifestations we observed that the symptom mostly common was the pain, present at 59,9% of the patients, followed by vomit (27,1%). The abdominal pain is the predominant symptom in PAU and PAS (n = 125; 67,20%), more frequent in the severe one (n = 60; 75,95%) in relation with 60,75% (n = 65) for the edematose. Statistically it is observed also that these symptoms are factors of risk essential in the evolution and the post-surgery prognosis on long term of AP. ( $p < 0,001$ )

## CONCLUSIONS

The classical symptoms present for the great majority of the patients with AP include: pain followed by vomit.

It was registered an increase of HDS in post traumatic pancreatitis, followed by the toxic one, idiopathic, and alcoholic one.

The pain, the vomit, the ecchymosis and the ileus are present at all types of etiology.

In AP of biliary etiology the pain and the ileus was the most common, by contrast to AP of alcoholic etiology where the vomit predominated and in the post trauma, the ecchymosis.

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