

JOINT EVENT

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An unusual case of doxycycline-induced pancreatitis

Ashish Ahuja, Prerna Sharma and Bhagat Kondaveeti

University of Pittsburgh Medical Centre, USA

Introduction: Acute pancreatitis is a disease with high morbidity and mortality. Antibiotics like tetracyclines and metronidazole have been shown to be associated with this lethal condition. We report a case of a 47-year-old male presenting with acute pancreatitis due to doxycycline use.

Case Description: A 47-year-old male with a past medical history of hypertension and insulin-dependent diabetes presented with a two-day history of abdominal pain, nausea and vomiting. Abdominal pain was in the epigastric region, radiating to the back. It was associated with nausea and non-bilious, non-bloody emesis. Patient did not endorse fever with chills, diarrhoea or other pertinent symptomatology. He was hemodynamically stable. Physical examination revealed tenderness and guarding in the epigastric region. Laboratory investigations showed an elevated lipase level of 3853 and CRP (C-reactive protein) 6.40. There was no leukocytosis, hypercalcemia, elevated transaminases or hyperbilirubinemia. Serum triglycerides were within normal range. He was s/p cholecystectomy and RUQ ultrasound showed absent gallbladder, with no stricture or stone in the bile ducts. CT abdomen and pelvis was refused by the patient. He denied alcohol, tobacco or illicit drug use. There was no history of recent abdominal surgery or procedure. On further investigation, it was found that the patient had recently started taking doxycycline for a foot ulcer. Symptoms started after 3 doses of doxycycline. He was not taking any other medications which could potentially cause pancreatitis. Doxycycline was discontinued and patient was treated with fluid resuscitation with good clinical response.

Discussion: Drug-induced pancreatitis (DIP) comprises 1.4% of all cases of acute pancreatitis. 1. common culprits include mesalazine, azathioprine, simvastatin and furosemide, but over 500 drugs have been implicated. 2. doxycycline been used to treat common bacterial infections, including acne vulgaris and urinary tract infections. Although the pathophysiology is not completely understood, it has been described as a rare cause of DIP. However, there are only four case reports following doxycycline use and only two of those describe a case in which doxycycline was used as monotherapy, as in our case. 3. there is a paucity of data on epidemiological variables related to doxycycline-induced pancreatitis. Further research is needed to establish if there is a time or dose dependence to the phenomenon.

ahujaac@upmc.edu