



Case Report on Acute Pancreatitis

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

ABSTRACT

Introduction: Upper-abdominal pain is frequently caused by acute pancreatitis. A diagnosis based purely on symptoms and signs is difficult because its clinical features are similar to those of a range of other acute diseases. Acute pancreatitis is diagnosed using two of the 3 criteria given below: Stomach pain, increased serum lipase and/or amylase levels, and abnormal abdominal image processing are all signs of pancreatitis. When it comes to diagnosing acute pancreatitis, lipase has been demonstrated to have good specificity and sensitivity. Pain in the stomach that appears to originate from the pancreas When it comes to diagnosing acute pancreatitis, abnormal abdominal imaging and/or serum lipase and/or amylase values larger than three times the upper period of normal Lipase have been proven to have good sensitivity and accuracy.

MAIN Symptoms And / OR Important Clinical Findings: For 5 days, I had abdominal pain, difficulty swallowing, decreased appetite, generalized weakness, fever, and loose movements.

Diagnostic Evaluation: He is a male patient who is 22 years old. And all diagnostic testing has been completed. Contrast-enhanced computed tomography of the abdomen, ultrasonography, complete blood count: 12.8 gm/dl.

Therapeutic Intervention: Patient was treated injection meropenem 500 milligram thrice a day, injection Levoflox 500 milligram one time a day, injection pan 40 milligram one time a day, injection

Emeset 4 milligram thrice a day, injection Tramadol 100 milligram thrice a day, injection Thiamine 100 milligram thrice a day, injection mucomix 600 milligram twice a day, injection Doxy 100 milligram twice a day, Injection Hydrocort 100 milligram thrice a day, Syrup, Kesol 2TSP thrice a day.

Outcome: The patient's overall condition gotten better.

Nursing Perspectives: Changing the fluid dextrose normal saline and ringer lactate were set up in the first place. On an hourly basis, keep track of your vital signs and blood pressure. Maintaining the patient's intake and output chart, as well as providing adequate rest and sleep. Administered drugs as directed by the doctor.

Conclusion: During the past five days, patients complained of abdominal pain, nausea and vomiting after each meal, difficulty swallowing, decreased appetite, generalised weakness, fever, and loose movements at Acharya Vinoba Bhave Rural Hospital. These symptoms were eased with proper treatment, and the patient is currently in good health.

Keywords: Pancreas; pancreatitis; intensive care treatment; disease strikes.

1. INTRODUCTION

The disease strikes people of all ages at the same rate, but the aetiology of the illness and the likelihood of death differ depending on their age. Gender, race, & Body - mass index are among the other considerations (weight in kilogrammes divided by square of height in metres) [1].

Gallstones and excessive alcohol consumption are the two most frequent risk factors for pancreatitis in adulthood, albeit most people with these risk factors never develop pancreatitis. Gallstone pancreatitis in white women over 60 years old is most commonly caused by small gallstones (diameter less than 3 mm) or microlithiasis [2].

Men are more likely than women to develop pancreatitis as a result of heavy alcohol drinking. 6; the relations between alcohol and acute pancreatitis appears to be dosages, despite the fact that it is complicated. Other causes include metabolic disorders (such as hypertriglyceridemia), duct obstruction (such as from a tumour or the pancreatic divisum), medications (such as azathioprine, thiazides, and estrogens), and trauma. The causes of death in children differ from those in adults, with systemic disorders and trauma playing a key role [3,4].

About 20% of adult cases are currently classed as idiopathic, though this categorization is expected to become less prevalent as new characteristics of genetic predisposition and environmental vulnerability are uncovered. People with severe acute pancreatitis die in about 20% of cases, and 10% to 30% of those with severe acute pancreatitis die. Despite significant breakthroughs in critical care medicine

in recent decades, the death rate has remained steady [5].

A typical manifestation of pancreatic tail cancer is large intestinal obstruction with perforation. Clinically the cancer of pancreas is usually complicated to diagnose. Most cancer patients are not having symptoms throughout the initial stages of the cancer, which often leads to a delay in diagnosis and is especially furtive when it is located in the tail of the pancreas. Surgery, chemotherapy, and palliative care are all possibilities for treatment [6].

2. PATIENT INFORMATION

2.1 Patients History

A 22-year-old male patient was hospitalised to Acharya Vinoba Bhave Rural Hospital on November 8th with stomach pain, nausea and vomiting once after meal, trouble swallowing, reduced appetite, for 5 days, generalised weakness, and a doctor's diagnosis of acute pancreatitis.

2.2 Patients Specific Information

On November 8, 2021, a 22-year-old man was admitted to Acharya vinoba bhave Rural hospital for a harmful habit such as excessive drinking or cigarette chewing. Then he developed abdominal pain and vomiting after each meal. Five days have passed. A doctor diagnosed acute pancreatitis after noticing generalised weakness.

2.3 Primary Concern and Symptoms of the Patient

A 22-year-old male patient with stomach pain, nauseated, and vomiting that affects each meal,

reduced appetite, generalised weakness, fever, and loose motion, among other symptoms.

130/80 millimetres of mercury. Spo2 was at an all-time high of 98.

3. MEDICAL, FAMILY, AND PSYCHOSOCIAL HISTORY

4.1.4 Timeline

3.1 Medical History

In the Acharya Vinoba Bhave Rural Hospital, the patient was treated for a health problem.

Patients that have no prior medical history, such as diabetes. Hypertension.

4.2 Diagnostic Assessments

3.2 Family History

Tests for diagnosis (such as Physical examination, laboratory testing, imaging, surveys.)

He is a member of a middle class family and is psychologically well. In my family, there are no hereditary diseases. Patient is alert and focused, and he has maintained strong relationships with doctors, nurses, and other patients.

Ultrasonography (USG) Abdomen : this scan, there are no evident abnormalities.

3.3 Psychosocial History

Contrast-enhanced computed tomography of the abdomen: With minor ascites, mild bulky pancreatic pancreatitis. Hepatosplenomegaly is a mild condition that affects the liver and spleen. Pleural effusion on both sides (LEFT RIGHT). Complete blood count : Hemoglobin: 12.8 gm/dl; mean cell hemoglobin concentration : 33.7 g/l; mean corpuscular volume.: 87.6 fl; total red blood cell count: 4.34; total platelet count: 4.28;erythrocyte sedimentation rate(ESR): 80;RBS glucose plasma random: 387 mg/dl.

The patient is a member of a middle-income household. Mentally, the patient is fine. He maintains positive relationships with other doctors and nurses, as well as patients and family members.

3.4 Patient Relevant Past Intervention with Outcomes

Diagnosis: The diagnosis of acute pancreatitis is made when all diagnostic tests are completed.

Acute pancreatitis was the diagnosis of my patient. His health began to improve once he was admitted to hospitals for treatment of the disease.

Prognosis: The prognosis is favourable

4. CLINICAL FINDINGS

4.2.1 Therapeutic intervention

4.1 General Examination

Patient was treated injection meropenem 500 milligram thrice a day , injection Levoflox 500 milligram one time a day , injection pan 40 milligram one time a day , injection Emeset 4 milligram thrice a day, injection Tramadol 100 milligram thrice a day, injection Thiamine 100 milligram thrice a day, injection mucomix 600 milligram twice a day , injection Doxy 100 milligram twice a day, Injection Hydrocort 100 milligram thrice a day, syrup Kesol 2TSP thrice a day .

4.1.1 Physical examination

4.2.2 Nursing perspectives

Abdomen: Inspections - discover bilateral edema, palpation -palpate tenderness, Auscultation -sound bowel heart, percussion-no fluid present.

Changing the fluid dextrose normal saline and ringer lactate were set up in the first place. On an hourly basis, keep track of your vital signs and blood pressure.Maintaining the patient's intake and output chart, as well as providing adequate

4.1.2 State of Health

Unhealthy, state of consciousness- conscious, body build- thin, breath order absent, hygiene-good.

4.1.3 Vital signs

The temperature was 37.8 degrees Celsius, the pulse was 74 beats per minute, and the BP was

rest and sleep. Administered drugs as directed by the doctor

4.2.3 Follow up and outcomes

The patient is still in the hospital for 14 days, but his condition is improving.

5. DISCUSSION

A 22 years old male patient was admitted in Acharya Vinoba Bhave Hospital on dated 8th November 21 with stomach pain, nausea, and vomiting, and was advised to change his diet. I've been having difficulty swallowing and losing my appetite for the past five days. A doctor diagnosed the patient with acute pancreatitis after noticing generalized weakness. Patient is currently in good health due to proper therapy [7]. Acute pancreatitis is a very frequent condition that affects a lot of people. It's a condition with varied degrees of severity, with some people experiencing moderate, self-limiting attacks and others experiencing severe, morbid, and often fatal assaults. Several etiological elements are still unknown as to how they produce an attack. Early acinar cell injury, according to popular belief, triggers a local inflammatory reaction in acute pancreatitis. The study found that severe acute pancreatitis: [8]. Interdisciplinary management is discussed through the use of case studies. Overlay panel with author links PietroRenzulli Täuber, Stephan M. Jakob Martin "Candinas Bead by Daniel Candinas [9].

6. CONCLUSION

During the past five days, patients complained of abdominal pain, nausea and vomiting after each meal, difficulty swallowing, decreased appetite, generalised weakness, fever, and loose movements at Acharya Vinoba Bhave Rural Hospital. These symptoms were eased with proper treatment, and the patient is currently in good health.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not

intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT AND ETHICAL APPROVAL

As per international standard or university standard guideline Patient's consent and ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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