STUDY OF CLINICAL AND BIOCHEMICAL PARAMETERS IN CHRONIC PANCREATITIS

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Relevance: Worldwide, there has been a steady increase in the incidence of pancreatic diseases. Mortality after the initial diagnosis of chronic pancreatitis (CP) increases to 20% within the first 10 years and exceeds 50% after 20 years, averaging 11.9%.

Results and Discussion: Our studies revealed that patients with alcoholic chronic pancreatitis (ACP) had the shortest disease duration, averaging 6.31 ± 0.81 years, compared with biliary chronic pancreatitis (BCP), which averaged 13.47 ± 1.4 years. ACP manifested at a relatively younger age (37.2 ± 1.80 years), was characterized by frequent exacerbations (3.5 ± 0.24 per year), and significant weight loss (10.0 ± 1.62 kg). In patients with BCP, disease manifestation occurred at 43.20 ± 1.80 years.

According to laboratory data, leukocytosis was observed in 14 (15.1%) patients, and an increased erythrocyte sedimentation rate (ESR) was noted in 20 (22.0%) patients. Marked leukocytosis in patients with ACP was accompanied by elevated ALT, AST, GGT, ALP, serum lipase, and urinary amylase levels compared with patients with BCP, indicating higher inflammatory activity and greater severity of cholestatic syndrome.

Serum lipase levels were elevated in 82.2% of patients, urinary amylase in 42.1%, GGT in 57.8%, and ALP in 27.8% of cases. Patients with biliary chronic pancreatitis exhibited higher levels of serum amylase and total bilirubin. Serum lipase and alkaline phosphatase levels in patients with BCP were significantly higher than in those with idiopathic chronic pancreatitis (ICP). Serum albumin levels in patients with ACP were significantly lower compared with those with BCP.

The mean fecal elastase-1 levels in patients with ACP were 67.8 ± 39.4 μg/g, while in BCP they were 128 ± 19.9 μg/g. It is important to note that complicated CP demonstrated a direct correlation (r = 0.7) with low elastase levels and pancreatic exocrine insufficiency, which represents an unfavorable prognostic factor in the clinical course of chronic pancreatitis. A fecal elastase-1 level below 200 μg/g is considered a criterion for exocrine pancreatic insufficiency.

The severity of exocrine pancreatic insufficiency depends on fecal elastase concentration: severe insufficiency is observed at elastase levels below 100 μg/g, moderate

insufficiency at 100–200 µg/g, while normal pancreatic function corresponds to levels above 200 µg/g.

Conclusion: Determination of fecal elastase-1 levels allows assessment of pancreatic exocrine insufficiency and serves as an important prognostic marker for further management strategies in patients with chronic pancreatitis during the rehabilitation period.

USED LITERATURE:

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