Apollo HOSPITALS

SEVERE NECROTIZING PANCREATITIS – A MARATHON ICU COURSE WITH A SUCCESSFUL FINISH

Critical Care Consultants Group
Department of Critical Care Medicine
Apollo Hospitals, Chennai.

A 30-year-old lady, with no known co-morbidities, was diagnosed with worsening acute severe pancreatitis and was referred for advanced tertiary care to our hospital.

On arrival at our emergency department, she was conscious, obeying simple commands, but with severe hypotension. After an initial evaluation, she was intubated in view of hypotension needing high doses of vasopressors and acute kidney injury with metabolic acidosis. She was admitted under the Critical Care team in the Multi Disciplinary Critical Care Unit. She required ventilatory support, high doses of vasopressors and was heading towards a renal shutdown. At this point, an urgent nephrology consult was obtained, and she was immediately started on renal replacement therapy. Ultrasound of the abdomen showed features suggestive of necrotizing pancreatitis.

Pancreatitis is becoming increasingly common either due to gall bladder calculi or alcoholism. Patients with gall stone related pancreatitis benefit from early endoscopic intervention, however our patient presented to us in a delayed time frame.

Post ICU admission she developed increasing abdominal pressures leading to abdominal compartment syndrome for which she required sedation, paralysis, and supportive care. She gradually recovered from the same, but went on to develop multiple episodes of sepsis, each time requiring antibiotics prolonging her ICU stay. In view of the prolonged need for mechanical ventilation, she was tracheostomized and ventilation continued.

The medical gastroenterologist, surgeon, nephrologist, and infectious diseases team closely worked with the critical care team to help bring her out of the illness and after close to a month in the ICU she was finally moved out to the ward. After a few weeks in the ward, she developed infected pancreatic necrosis, requiring surgical drainage and was back in the critical care unit. With the help of a devoted family, physiotherapy, and nursing support, she was back on her feet and to the ward once again after another couple of weeks in the intensive care unit.

On day 64 of her hospital stay, she had a much feared but known complication of necrotizing pancreatitis-colonic perforation requiring laparotomy and closure of the perforation. Bogota bag was subsequently placed, and she was being monitored for sepsis. We received her in the intensive care unit again, initiated her on antibiotics and supported her respiration and blood pressure. However, this time her recovery was not as expected, and was hindered by multiple repeated episodes of sepsis. Each time she grew the same bacteria, and it was seeming like she was dependent on continued antibiotics.

A multidisciplinary team meeting was held with all the involved treating physicians and the critical care team and her course of hospital stay was discussed at length. The possibility of infective endocarditis was considered, and a transesophageal echo was done. The TEE showed a vegetation, and her bone marrow was cultured which also grew MDR Klebsiella. We treated her with a prolonged course of antibiotics this time with which she slowly started recovering.

It took 198 days of hospital stay for removal of her tracheostomy, for her to eat a full meal, and walk around her room with support. She got discharged and has returned to her toddlers who had been awaiting their mother's return. We have followed her up in our post ICU clinic and are happy to see her gradually return to her usual health and spirit.

Summary

Acute pancreatitis is an inflammatory condition of the pancreas characterized by abdominal pain and elevated levels of pancreatic enzymes in the blood. It is a leading gastrointestinal cause of hospitalization in the United States and across the world. This condition can be complicated by infection, hollow viscous perforation, bleeding, necrosis, pseudocyst formation that portends high mortality and poor prognosis. A consorted multi-disciplinary effort is needed to closely monitor and identify problems early. High-level expertise and availability of all specialties under one roof clearly benefitted this patient.

Apollo Hospitals
Greams Road, Chennai – 600006.
Email: infochennai@apollohospitals.com