

Case Report

The Importance of Enzyme Substitution Therapy in Early Pancreas Exocrines of Insufficiency

Biljana Petrovic, PhD*

Health Center Kraljevo, JUG BOGDANOVA BB, Kraljevo 560313, Serbia

*Corresponding author

Biljana Petrovic, PhD

Health Center Kraljevo, JUG BOGDANOVA BB, Kraljevo 560313, Serbia; Tel. +381648056169; E-mail: biljanapetrovic576@yahoo.com

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ABSTRACT

Introduction

Functional disorders of the digestive tract are a common occurrence in the doctor's office. In addition to functional dyspepsia, 35% of dyspepsia are unresolved dyspepsia, which are a symptom of the early stage of pancreatic exocrine insufficiency.

Aim

Based on clinical experience, we can suspect and detect chronic pancreatic insufficiency at an early stage, which is the aim of this paper.

Method

To demonstrate the efficacy of enzyme replacement therapy in the early stage of pancreatic exocrine insufficiency using the case report of the patient.

Results

Results confirms significance and effectiveness of creon as an enzyme replacement therapy in the treatment of malabsorption and maldigestion.

Conclusion

Creon (pancreatin) showed great effect in the treatment of dyspepsia and anorexia nervosa, body mass index (BMI) for 30 days increased from 15.9 to 17.4, which leads us to the conclusion that unrecognized chronic pancreatic insufficiency can be expected in long-term dyspepsia.

Keywords

Chronic pancreatic insufficiency; Enzyme; Body mass index (BMI); Digestive tract.

INTRODUCTION

Functional disorders of the digestive tract are a common occurrence in the doctor's office. In addition to functional dyspepsia, 35% of dyspepsia is unresolved dyspepsia, which is a symptom of the early stage of pancreatic exocrine insufficiency in the abdomen.¹ Maldigestion is usually followed by malnutrition. Every fourth patient with functional dyspepsia and epigastric pain have chronic pancreatitis and malabsorption-it has been reported in the literature. Also, dyspepsia is one of the most common diagnosis in doctors practice.² At the same time, early pancreatic insufficiency is not common diagnosis in general doctors practice. Based on clinical experience, we can suspect and detect chronic pancreatic

insufficiency at an early stage, which is the aim of this paper.³ To demonstrate the efficacy of enzyme replacement therapy in the early stage of pancreatic exocrine insufficiency.

CASE PRESENTATION

History

Female patient, 52-years-old, unemployed, unmarried, uneducated, poor socioeconomic status. In the region of the epigastrium, lack of appetite, weight loss, malaise, discomfort, negates other problems. Treated several times with gastroenterologists and psychiatrist, saw multiple times Ipp-pantoprazol (nolpase, controloc) and

antidepressant therapy. Helicobacter pylori negative, non-smoking, no alcohol addiction. She had financial, social and family problems.⁴

Family medical history: Negative for digestive organ diseases.

Present Status

The present status of patients' health was conscious, well-oriented, agitated, depressed, poorly nourished and furthermore indicated the impression of being in the midst of severe pain. During the treatment, the weight, height and BMI of the patient were 43 kg, 1.64 m and 15.9 respectively. After performing the tests of the heart and the lungs, the therapeutic reports and ECG test were found to be normal. The abdomen of the patient was palp (Palpable) soft, with little pain, and with painful sensitivity in the epigastrium. We performed echo of the abdomen and the result was normal. Laboratory test showed mild hypochromic anemia. Examination of stool for bacteria, parasites and fungi showed normal results. Test for a hidden blood in stool was negative which is said to be a normal result.

In this case, during the diagnosis of the patient K30 dyspepsia, F32 anorexia nervosa and sy depressivum were used. The therapy was given by Controloc 40 mg (pantoprazole), Kreon 25000 ij (pancreatin), Ksalol 0.5 mg (anxiolytic). The dosage of, Controloc 40mg (pantoprazole) was 2 times for first 7 days and then reduced for 1 time a day and dosage of Kreon 25000 ij (pancreatin), Ksalol 0.5 mg (anxiolytic), was carried out for 3 times per day for a month.

The patient was advised to maintain a healthy lifestyle, according to his current poor social conditions. Also, the Social Work Center was involved in solving social, financial and family problems.

Checkup After 30 days

Subjective: The patient was shown with less problems, no digestive problems, nervousness dominated (under control/has dominated/dominates?), insomnia, expresses concern for the ongoing problems. After treatment, the weight, height and BMI of the patient were 47 kg, 1.62 m and 17.4 which are improved greatly.

After the 30 days checkup the therapy was given by Kre-

on25000ij (pancreatin), Zoloft (antidepressant), Ksalol 0.5 mg (anxiolytic). The dosage of Kreon25000ij (pancreatin) was 3 times for another 5 months and dosage of Ksalol 0.5mg (anxiolytic), was carried out for 2 times per day for a month.

CONCLUSION

Creon (pancreatin) showed great effect in the treatment of dyspepsia and anorexia nervosa, BMI for 30 days increased from 15.9 to 17.4 -for a short time, which leads us to the conclusion that unrecognized chronic pancreatic insufficiency can be expected in long-term dyspepsia. Excellent effect on the general condition of the patient, including an increase in BMI, but in this case previous antidepressant therapy without enzyme replacement therapy did not give a satisfactory effect, which confirms-significance and effectiveness of creon (pancreatin) as an enzyme replacement therapy in the treatment of malabsorption and maldigestion as a symptoms of dyspepsia with pancreatic insufficiency.

In the family practice it could be useful conclusion to remember that in the case of chronic dyspepsia we may suggest to think to detect and treat chronic pancreatic insufficiency. It exist more common than we expect and this short report of the case in my practice was just an effort to demonstrate that we could treat problems better thinking for a place for a pancreatic insufficiency in dyspepsia.

REFERENCES

1. Summary of Product Characteristics. Creon® 25000. Data Health. Web site. https://data.health.gov.il/drugs/alonim/Creon_25000_dr_Pancreatin_300mg_1437031539160.pdf. Accessed November 2, 2019.
2. Demir K. Pancreatic dyspepsia: A place for pancreatic insufficiency in dyspepsia. *Eur J Surg Sci.* 2012; 3(1): 1-4.
3. Löhr JM, Hummel FM, Pirilis KT, Steinkamp G, Körner A, Henniges F. Properties of different pancreatin preparations used in pancreatic exocrine insufficiency. *Eur J Gastroenterol Hepatol.* 2009; 21(9): 1024-1031. doi: 10.1097/MEG.0b013e328328f414
4. Zigic D, Janosevic-Dotlic S, Ivankovic D, Pertot V, Konstantinovic D. *Methodology of Scientific Research.* Belgrade, Serbia: Department of General Medicine SLD, Department of General Medicine, Faculty of Medicine; 1992.