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Abstract

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Abstract:

Twenty three patients with chronic calcific pancreatitis of the tropics in Northern India were prospectively studied. All had pancreatic calcification and ERCP changes typical of chronic pancreatitis, the most predominant being ductal dilatation which was detected in all patients by both ERCP and by ultrasonography. Pain was present in 19 (83%) patients and diabetes in 11 (48%) patients. Exocrine pancreatic dysfunction was uncommon, steatorrhoea being present in only 9% of patients. Ten of the 11 patients with diabetes required insulin for control and one case was able to be controlled by an oral antidiabetic agent. Two patients developed ketoacidosis during acute episodes of pancreatitis, 3 patients had peripheral neuropathy and one patient had visual changes. Recurrent severe pain was the reason for operation in 7 patients. All had a lateral pancreaticojejunostomy. In order to obtain an objective assessment of pain, a scoring system was developed to grade its severity according to its intensity, frequency and consequences. Six patients who preoperatively had a pain score of 15 or more (out of a maximum score of 24) attained significant relief after the surgery. We feel this scoring system may provide an easy objective assessment of pain in the subsequent follow-up of these patients.