Acute pancreatitis secondary to long-term 5-aminosalicylic acid therapy in a patient with ulcerative colitis: a case-report

Acute pancreatitis is a known, although rare, complication of mesalamine treatment. Nevertheless, the pancreatic toxicity of oral 5-aminosalicylic acid (5-ASA) derivatives used for the treatment of inflammatory bowel diseases remains controversial. Moreover, this complication typically appears within the first days or weeks after initiation of therapy. We recently experienced a case of acute pancreatitis that occurred after long-term mesalamine therapy for ulcerative colitis.

Case report

A 33-year-old male patient, with ulcerative colitis, intolerant of sulfasalazine (skin rash), on mesalamine treatment (2 g per day) for the last 18 months, suffered from a 24-h abdominal pain and nausea. He experienced a relapse 15 days before. The dose of mesalamine was raised to 4 g per day. Two days later he had severe mid-epigastric pain. On admission, physical examination was unremarkable except for mild tenderness in the epigastrium. The patient had no fever and jaundice. Laboratory examinations including urine analysis, complete blood count, liver and renal functions were within normal range. Serum amylase was 296 U/L (normal value < 95 U/L) and serum lipase was 429 U/L (normal value < 60 U/L). Ultrasonography and Triphase dynamic computer tomography of the abdomen demonstrated no dilatation of intrahepatic ducts or common bile duct, no stones, no necrosis or fluid accumulation but pancreatic enlargement (stage B of Balthazar). Laboratory and imaging investigation concluded to mild acute pancreatitis. Conservative measures and mesalamine withdrawal resulted in complete recovery. Other etiological factors of pancreatitis were ruled out. Clinical remission of ulcerative colitis was obtained by prednisolone administration. Acute pancreatitis was mainly attributed to mesalamine owing to the absence of other causes of acute pancreatitis, the time of onset after the initiation of mesalamine and the recovery after the withdrawal of 5-ASA. The rechallenge with mesalamine was not carried out.

Conclusion

This case suggests clinical monitoring for early diagnosis of pancreatitis in patients with ulcerative colitis receiving 5-ASA administration. DIP must be considered when abdominal pain occurs or increases even during long-term therapy.

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Cancer pulmonaire non à petites cellules révélé par une vascularite rétinienne

Le cancer du poumon non à petites cellules représente environ 80 % des cas des cancers pulmonaires primitifs. Il comprend 3 sous-groupes : l'adénocarcinome, le carcinome épidermoïde et le carcinome à grandes cellules indifférenciées. Les adénocarcinomes pulmonaires sont généralement des tumeurs périphériques qui métastasent précocement, souvent par voie hématogène. Un syndrome paranéoplasique par production d'hormone-like peptidique ou d'autoanticorps par la tumeur est présent dans 7 à 20 % des cas. Les plus fréquents sont : l'hippocratisme digital acquis, le syndrome de Schwartz et Bartter,et l'ostéoarthropathie hypertrophiante pneumique. Ces syndromes paranéoplasiques précèdent parfois de plusieurs mois, voire années le diagnostic. Une vascularite rétinienne révèle exceptionnellement un adénocarcinome pulmonaire (1,2,3). Nous rapportons un cas de cancer pulmonaire non à petites cellules révélé par une vascularite rétinienne.

Observation

Patient âgé de 40 ans, tabagique 22 paquets/année, suivi depuis 8 ans en psychiatrie pour troubles psychiatriques sur personnalité pathologique, a présenté 2 mois avant son admission une baisse de l'acuité visuelle bilatérale et progressive. L'examen ophtalmologique a révélé une hémorragie intra-vitréenne bilatérale avec néo-vaisseaux péri-papillaires et périphlébite.