Evaluation of intestinal mucosal permeability function in patients with acute pancreatitis.

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This study aims to evaluate the intestinal mucosal permeability in patients with acute pancreatitis. The lactulose:mannitol (L:M) ratio was used to assess permeability. It is an inexpensive and quite reliable method. The intestinal permeability was increased in patients with acute pancreatitis compared with the controls. In addition, patients with severe pancreatitis had higher intestinal barrier dysfunction compared with patients with mild pancreatitis, the L:M ratio being 0.2 and 0.029, respectively. It was also concluded that the permeability increased gradually over the course of pancreatitis and was maximum at day 7. This provides a window of opportunity for therapeutic intervention to prevent the late observed increase in intestinal permeability.

Optimising the therapy of exocrine pancreatic insufficiency by the association of a proton pump inhibitor to enteric coated pancreatic extracts.

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The authors hypothesised that potent inhibition of gastric acid secretion, by avoiding bile acid precipitation and allowing lipase release within the proximal gut, may improve the therapeutic efficacy of enteric coated pancreatic enzymes for EPI. To test this hypothesis, a prospective, consecutive, open, comparative study was carried out. Twenty-one consecutive patients newly diagnosed with fat maldigestion secondary to severe alcohol related chronic pancreatitis, were included. Severe chronic pancreatitis was confirmed by magnetic resonance pancreatography and endoscopic ultrasound. All patients had steatorrhoea. Patients were treated with oral pancreatic enzyme supplements in the form of capsules containing enteric coated mini-microspheres for three months. Four capsules were administered together with each of the three main daily meals. Esomeprazole 40 mg was then added as a single daily dose before breakfast for a further 14 days. Fat digestion was evaluated with $^{13}$C-mixed triglyceride breath test. The study demonstrated the existence of two different populations of patients with exocrine pancreatic insufficiency regarding response to enteric coated enzyme substitution therapy. More than half of patients respond properly to this therapy and fat digestion is normalised. Less than half of patients show an insufficient response to enteric coated enzyme therapy, the efficacy of which improves significantly with the addition of a potent inhibitor of gastric acid secretion. In conclusion, addition of a PPI leads to a significant improvement and even normalisation of fat digestion in patients with exocrine pancreatic insufficiency and an incomplete response to enzyme substitution therapy. However, patients with an adequate response to enzyme substitution therapy do not profit from additional PPI.
Yoga for rehabilitation in chronic pancreatitis.

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This study was conducted to determine the effectiveness of yoga in management of pain in patients with chronic pancreatitis. Thirty patients with chronic pancreatitis who were experiencing difficulties with pain, anxiety, and weight loss underwent a 12 week yoga programme. Twenty four patients completed the programme and comparison of the pain, weight, diet, and pain medication before and after the yoga programme was done. Findings suggest that yoga is effective in decreasing self perceptions of pain and anxiety in this population and reducing their usage of pain medication. Patients also had significant improvement in their diet and gained weight.

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Targeted radionuclide therapy with 90Y-DOTATOC in patients with neuroendocrine tumors.

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The aim of this study was to assess the efficacy and safety of targeted radionuclide therapy with [90Y-DOTA0, Tyr3]-octreotide (90Y-DOTATOC) in patients with metastatic neuroendocrine tumors. One hundred and sixteen patients with metastatic neuroendocrine tumors were included. All patients were pre-therapeutically staged with morphological imaging procedures and with somatostatin receptor scintigraphy. The scintigraphy was positive in all cases. The patients were treated with 162-200 mCi/m² body surface. In 57 patients, the quality of life was assessed with the National Cancer Institute grading criteria (NCI-CTC). Restaging was performed 8-12 weeks after the last treatment cycle. Blood samples were drawn every 2 weeks after the treatment to evaluate toxicity. Complete remissions were found in 4%, partial remissions in 23%, stabilization in 62% and progressive disease in 11%. A significant reduction of symptoms was found in 83%. No serious adverse event occurred and the toxicity was acceptable. 90Y-DOTATOC is a safe and effective treatment for patients with metastatic neuroendocrine tumors.

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Correlation of patient-derived utility values and quality of life after pancreaticoduodenectomy for pancreatic cancer.

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Utility value (UV) represents the "value" that a patient places on a given health state and can be closely associated with quality of life. The purpose of this study was to determine if UV and quality of life are correlated after pancreaticoduodenectomy for pancreatic adenocarcinoma and to assess quality of life after pancreaticoduodenectomy. Patients who underwent pancreaticoduodenectomy for pancreatic cancer were interviewed using the 36-item Short Form Health Survey, which measures 8 domains of quality of life. Patients assessed their current health state by rating their present health from 0 (which was equivalent to death) to 100 (which was equivalent to perfect health), and by a time-exchange (TE) method that asked how many years of their present life they would be willing to exchange for perfect health. Statistical analysis consisted of linear regression analysis and Mann-Whitney U test. Twenty patients were interviewed. The UVs correlated with the TE (P=0.003, r=-0.63),
and 6 of 8 36-item Short Form Health Survey domains: physical functioning (P<0.00001, r=0.82), role-physical (P=0.005, r=0.61), bodily pain (P=0.003, r=0.63), general health (P=0.00001, r=0.81), vitality (P=0.01, r=0.54), and mental health (P=0.03, r=0.5). The TE score correlated with the physical functioning (P=0.06, r=-0.59) and bodily pain (P=0.05, r=-0.44) domains. There were significant differences in the UV, TE, physical functioning, role-physical, and role-emotional between patients less than 1 year and more than 1 year postoperative. These data imply that patient-perceived health status and quality of life are linked and that quality-of-life scores after pancreaticoduodenectomy are better in patients more than 1 year postoperative.


Quality of life after pancreaticoduodenectomy for ductal adenocarcinoma of the pancreatic head.


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This study examined quality of life (QoL) after classical partial pancreaticoduodenectomy (PPD) and pylorus-preserving pancreaticoduodenectomy (PPPD) in patients with adenocarcinoma of the pancreatic head, and also evaluated the influence of extended lymphadenectomy (ELA). Between January 1993 and March 2004, QoL was analysed in a prospective single-centre study that included 91 patients. Thirty-four patients underwent PPD and 57 had a PPPD. Seventy patients had an ELA and 21 underwent regional lymphadenectomy (RLA). QoL was assessed using the European Organization for Research and Treatment of Cancer QLQ-C30 questionnaire and a pancreatic cancer-specific module. Data were collected before operation and for 24 months after surgery. Results. The overall 5-year survival rate was 18% for all patients and 21% in those who had an R0 resection. QoL was impaired for 3-6 months after surgery and then recovered to preoperative levels. There was no significant difference in long-term survival after PPD versus PPPD and ELA versus RLA. Patients who had ELA reported clinically significant higher levels of diarrhoea and pain. PPPD showed a disadvantage in terms of pain. Conclusion. The surgical techniques of resection and reconstruction did not affect QoL, but extended lymphadenectomy was associated with an impairment in QoL.