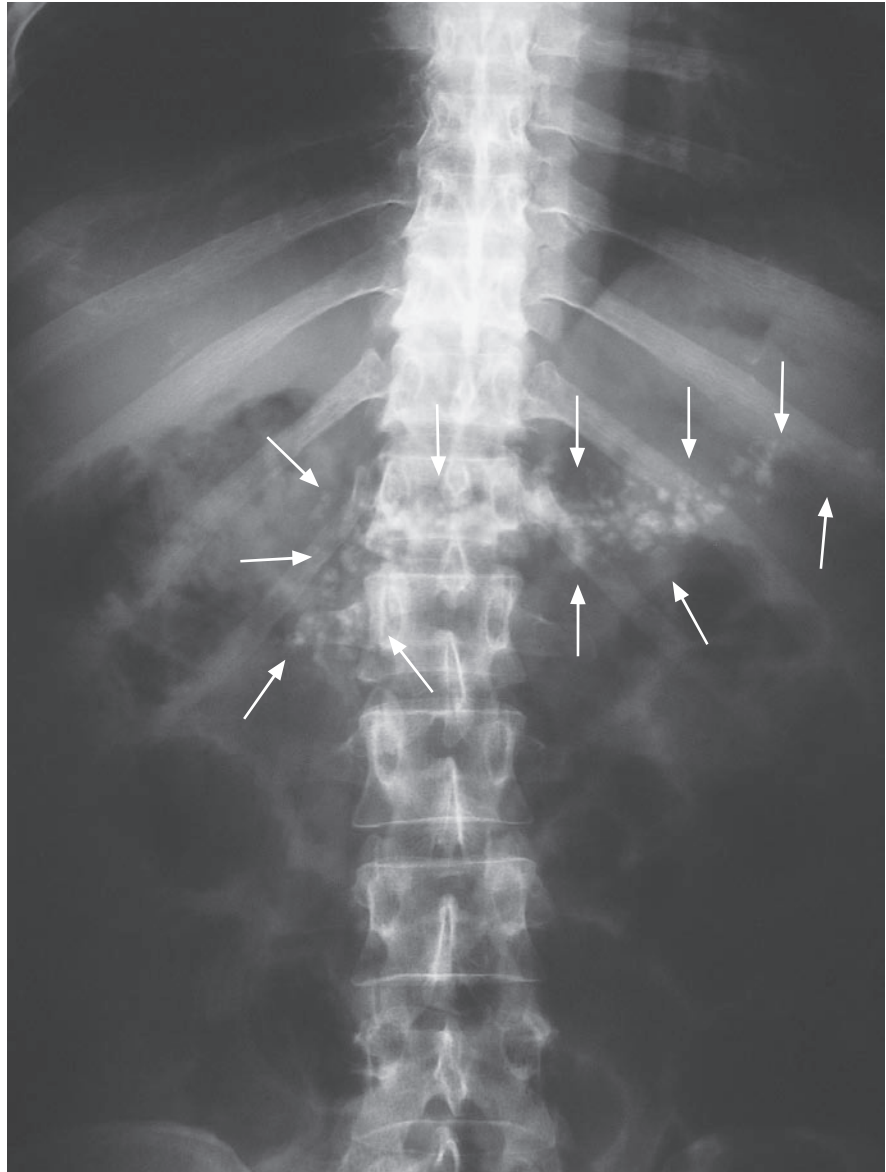


Chronic Calcific Pancreatitis



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A 40-YEAR-OLD MAN WITH A 4-YEAR HISTORY OF DIABETES MELLITUS AND NO HISTORY OF GALLSTONES WAS admitted to the health center after acute alcohol intoxication. He had been consuming about 200 ml of whiskey a day for over 15 years. No one in his immediate family had diabetes mellitus. On further questioning, he reported passing bulky, foul-smelling stools, which were difficult to flush, for more than 3 months. He also reported decreased night vision, although his visual acuity was normal. The serum lipase level was 468 U per liter, and the glucose level was 432 mg per deciliter (24 mmol per liter). His liver-function tests were unremarkable. A plain radiograph of the abdomen showed extensive calcification of the pancreas (arrows). The patient was given vitamin and pancreatic-enzyme supplements. His hyperglycemia was easily controlled with low-dose insulin. After stabilization, he was referred for treatment of alcohol addiction.

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