A CASE OF CHRONIC PANCREATITIS WITH LACTESCENT PLASMA

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Summary
A case of chronic pancreatitis with plasma lactescence is reported. Only three such cases have been reported in Japan. Further studies are necessary to estimate the true incidence of pancreatitis with hyperlipidemia in Japan and to elucidate the complex interrelationship of pancreatitis and hyperlipidemia.

Key Words: Pancreatitis, Hyperlipidemia.

Patients with abdominal pain and lipemic plasma set a difficult diagnostic and therapeutic problem to the surgeon. Although recognized for over a century, the mechanisms underlying these changes in lipid metabolism remain obscure. The authors experienced recently a following case of chronic pancreatitis with lactescent plasma, which has been rarely reported in Japan. Some discussions of the etiological relationship of pancreatitis and hyperlipidemia are added.

Case Report
A 33-year-old man.

The patient was admitted to his community hospital with a history of severe epigastric pain on July 1, 1972. The temperature was 39°C. Jaundice appeared and continued for seven days. Hematemesis and melena occurred. Glycosuria and hyperglycemia were found on examination. The serum amylase level was elevated to 256 W. u. A milky white serum was noted on admission and on the tenth hospital day. He was transferred to our department for further care, on September 27, 1972. He complained intermittent pain on epigastrium with mild tenderness. On admission the plasma was lactescent with a serum total cholesterol level of 338 mg/dl. On the seventh hospital day the serum triglyceride level was 405 mg/dl and total cholesterol level was 254 mg/dl. He had had four discrete, similar severe attacks of acute pancreatitis during these eight years. A tumor was palpated in epigastrium after an attack in 1971 and it disappeared six months later. In 1963, sugar was found in the urine, but it had not been observed ever since. His father and maternal uncle were diabetic. Lipemia had not been noted on previous hospital admission. A family history of hyperlipidemia was denied by the patient. He had been drinking heavily for these ten years. No skin lesion had been not-
ed and he was not obese.

Other laboratory findings were as follows: RBC $381 \times 10^4$/mm$^3$, WBC 6300/mm$^3$, Hb 12.0 g/dl, Ht 38%, total bilirubin 1.2 mg/dl, SGOT 56u., SGPT 98u., alkaline phosphatase 109.9 KAu., choline esterase 0.77 pH, lactic dehydrogenase 170 w. u., thymol turbidity test 5.5, zinc sulfate test 3.9, total protein 8.5 g/dl, A/G 1.01, Ca 10.5 mg/dl.

X-ray examination of the upper gastrointestinal tract revealed thickening of the gastric rugae in the posterior wall of the gastric body, extrinsic indentation of the inferior aspect of the gastric antrum and deformity and narrowing in the descending duodenum (Fig. 1). No calcification was seen. Gastroscopic examination disclosed only pressure deformity. Peculiar stenosing process (probably inflammatory in nature) around the vessels adjacent to the pancreas was suggested by selective abdominal angiography (Fig. 2 and 3). Tran-