

Lansoprazole-induced acute pancreatitis

To the Editor,

Acute pancreatitis is a disease characterized by inflammation of the exocrine pancreas tissues and impairment of the microcirculatory system of the pancreas (1). Here, we present a case of acute pancreatitis induced by lansoprozole, which is commonly used to treat acid-related diseases and has never been previously reported as a cause of acute pancreatitis.

A 60-year old male patient was admitted to our emergency department complaining of nausea, vomiting, and abdominal pain. Lansoprazole (Lansor; Sanovel, İstanbul, Turkey) was prescribed to resolve these dyspeptic complaints. However, he suffered from abdominal pain, high fever, nausea, and vomiting an additional two times in the following two weeks. He discontinued treatment since he thought that the symptoms may have been caused by lansoprazole. After he stopped taking the drug, his symptoms decreased and eventually disappeared. During his third hospital admission with the same symptoms, physical examination revealed widespread abdominal tenderness and guarding with decreased bowel sounds. Laboratory test results were compatible with a diagnosis of acute pancreatitis. His electrocardiogram was normal. Computed tomography of the abdomen revealed a slightly enlarged pancreatic corpus and peripancreatic fluid, both of which were compatible with a diagnosis of acute panreatitis (Baltazar A-B level). His current history and laboratory test results eliminated other etiologies, such as viral infections, trauma, alcohol, or toxic causes.

After establishing a precise diagnosis, the patient was hospitalized. Lansoprazole treatment was discontinued, and intravenous hydration together with pain relief was started. After three days, his symptoms had resolved, and his laboratory test results were completely normal.

Blomgren et al. (2) assessed the link between acute pancreatitis and acid-suppressing drugs (corrected odds ratios for $\rm H_2$ receptor antagonists and proton pump inhibitors were 2.4 and 2.1, respectively).

In another case report, acute pancreatitis developed as a rare side effect of proton pump inhibitors in two patients taking omeprazole and pantoprazole (3,4). An experimental model for omeprazole-induced pancreatitis was studied by Burdan et al. (5) in 2000, and they showed that intraperitoneal administration of omeprazole to rats induced peripancreatic fatty tissue inflammation and elevation of pancreatic enzyme levels.

To the best of our knowledge, this is the first case of acute pancreatitis caused by lansoprozole, a commonly used drug in the treatment of acid-related diseases.

Ethics Committee Approval: N/A.

Informed Consent: Written informed consent was obtained from patient who participated in this case.

Peer-review: Externally peer-reviewed.

Author contributions: Concept - S.Ö., M.K., A.E.Y.; Design - S.Ö., E.A.; Supervision - H.S., R.A.; Data Collection&/or Processing - S.Ö., M.K.; Analysis&/or Interpretation - S.Ö., M.K., A.E.Y.; Literature Search - R.A., E.A.; Writing - S.Ö., M.K., H.S.; Critical Reviews - H.S., M.K.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

Serkan Ocal, Murat Korkmaz, Abdullah Emre Yıldırım, Reskan Altun, Enver Akbaş, Haldun Selçuk

Department of Gastroenterology, Başkent University Faculty of Medicine, Ankara, Turkey

REFERENCES

 Cuthbertson CM, Christophi C. Disturbances of the microcirculation in acute pancreatitis. Br J Surg 2006; 93: 518-30. [CrossRef]

Address for Correspondence: Serkan Ocal, Department of Gastroenterology, Başkent University Faculty of Medicine, Ankara, Turkey E-mail: serkanocal75@yahoo.com

Received: 4.3.2013 **Accepted:** 13.5.2013

© Copyright 2014 by The Turkish Society of Gastroenterology • Available online at www.turkjgastroenterol.org • DOI: 10.5152/tjg.2014.5117

- 2. Blomgren KB, Sundström A, Steineck G, Genell S, Sjöstedt S, Wiholm BE. A Swedish case-control network for studies of drug-induced morbidity acute pancreatitis. Eur J Clin Pharmacol 2002; 58: 275-83. [CrossRef]
- 3. Youssef SS, Iskandar SB, Scruggs J, Roy TM. Acute pancreatitis associated with omeprazole. Int J Clin Pharmacol Ther 2005; 43: 558-61. [CrossRef]

Ocal et al. Lansoprazole-induced acute pancreatitis

- 4. Das S, Ganguly A, Mondal S, Dey JK, Saha I. Oral pantoprazole-induced acute pancreatitis in an 11-year-old child. Ther Drug Monit 2012; 34: 242-4.
- 5. Burdan F, Siezieniewska Z, Maciejewski R, Burski K, Wójtowicz Z. Temporary elevation of pancreatic lysosomal enzymes, as a result of the omeprazolevinduced peripancreatic inflammation in male Wistar rats. J Physiol Pharmacol 2000; 51: 463-70.