Clinical Effect analysis on indomethacin suppositories prevention of POST-ERCP acute pancreatitis

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Abstract: Objective To investigate the clinical effect of indomethacin suppositories prevention of POST-ERCP acute. Pancreatitis20>Methods 180 cases of ERCP were selected from March to September 2015 in our Hospital, all the patients according to the random number table were divided into two groups, there were cases in the OBSenTation Group and the control group. Hie control group received conventional treatment, the observation group treated with indomethacin on the prevention of the conventional treatment. The serum amylase levels at different time points before and after surgery, acute pancreatitis and hyperamylasemia</b13>

author Units: 4732b4 Nanyang, Henan Zhongnan Industrial Co., Ltd. Staff Hospital surgery of two groups were compared. Results The serum amylase levels of the observation group and the control group after 2 H, after H, H Postoperative were higher than the preoperative, the degree of elevation of the OBSenTation Group was smaller than the conTrol Group, the difference was statistically significance (P 0.05). The incidence of acute pancreatitis and hyperamylasemia of the OBSenTation Group were lower than the control groUp, the difference was statistically significant (^ 0.05). conclusionindomethacin can be effective in preventing POST-ERCP acute Pancreatitis and reduce the incidence of hyperamylasemia, can significantly lower blood.

Keywords: ERCP, pancreatitis, indomethacin suppositories, Prevention

is currently, Endoscopic retrograde cholangiopancreatography (ERCP) because there is no surgery, Create Minor injury, Surgery short, Low complication rate, Shorten hospitalization time, and so on significantly superior Point has been widely used in the diagnosis and treatment of pancreatic duct disease, but due to the patient itself The effects of the conditions and the operation techniques of the operator, ERCP may be issued after surgery Birth Some complications, pancreatitis to ERCPA common complication after surgery, pancreas inflammatory risk greater, easy to cause pancreatic necrosis and systemic multiple organ failure, Severe can endangering the life of the patient ^3, to effectively reduce ERCP Post-operative acute pancreatitis occurrence, author on our hospital line ERCP Surgical treatment of patients with indomethacin XinXufor preventive treatment, effect better, is reported as follows.

1. Data and methods
1.1 General Information

This study altogether ISOW patient, all% year 3~2015 Year 9 Month in Our home line ERCP treatment between patients, where the male The Example, female Example, Age 174 The continuing medical education, vol. 7, No.

~ year old, average age (54.9 ± 8.2) year old, where common bile duct stones 153 min, biliary carcinoma example, Pancreatic Cancer 8 Gate randomly divides patients into two groups, Observation Group and control Group

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each gate, age of two groups of patients, Gender general data differences by statistical analysis No statistically
significant (P > 0.05). Is comparable. All pregnancies are excluded from the study and the lactating women exclude patients with heart or liver or kidney insufficiency. Exclude the research patients with drug allergy. All patients have informed consent to the study and sign informed consent.

1.2 Method

Both groups of patients were given a fast, rehydration, support, such as general treatment, Observation Group using indomethacin for preventive treatment based on conventional therapy, before 0.5h after Operation l via rectum indomethacin suppository mN10.c. control group only give regular treatment, not giving prophylactic medication.

1.3 Diagnostic Criteria?

Observe clinical manifestations of patients, detects its blood amylase level, determines whether the patient is occurrence of acute pancreatitis or high amylase syndrome. Specific criteria are as follows: ERCP Check or postoperative serum amylase is significantly higher and higher than normal high-limit over 3 times, longer than H, with abdominal pain, Tenderness, Vomit, Send Hot Clinical Performance, Symptoms of abdominal pain symptoms can be diagnosed as aggravated ERCP Operation post-pancreatitis; after 3H Serum amylase is significantly higher than normal high-limit and rising more than 2 Times, longer than H, can be diagnosed as high post operation "bloody enzyme".

1.4 statistical analysis

With SPSS17.0 statistical software statistic analysis of all data, which is counted Quantity data is represented as (average ± standard deviation) form Group at different times Point comparison with F validation, 22 Comparison of time points in group and comparison between two groups use F validation, Comparison of Count data with x2 validation, Test level = 0.05.

2. Results

2.1 Comparison of serum amylase levels between the two groups at different points in time

Observation of the serum amylase level compared with the control group was not statistically significant in Chua group ( corpse > 0.05); Post-operation 2h, and II. The level of serum amylase in is compared to the preoperative ratio appears significantly higher, and the control group is more elevated, Two sets of differences statistics Learn meaning ( corpse < 0.05).

2.2 Comparison of the occurrence of acute pancreatitis and high amylase in two groups of patients

The incidence of acute pancreatitis and high levels of amylase in the observation group were lower than that of the control group, difference between the two groups is statistically significant (P < 0.05). See table 2.

3. Discussion

ERCP is an important basis for imaging diagnosis of biliary and pancreatic diseases and important treatment of biliary and pancreatic diseases measures, but the techniques to traumatic technology, pancreatitis is ERCP most common after surgery, A complication of, with postoperative high-limit severe pain and amylase above normal value High-limit 3 times the primary clinical manifestation. ERCP occurrence of postoperative acute pancreatitis not only make the patient's pain significantly increased, delay treatment, Extended hospitalization time, and also increased cost of treatment, increased financial burden for patients[5], and its life security maybe compromised. This partly makes ERCP this technique in clinical should be with restricted, therefore, takes a valid approach to the ERCP Pre-operative complications for Anti-disease treatment and prognosis of patients have important clinical significance [6].

Indomethacin is COX-1 and COX-2 a non-selective inhibitor, can be suppressed by making phospholipase A2
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(PLA2), to adjust the media before inflammation, to make the acute pancreas inflammation Early Inflammatory response mitigation[7]. The Rectal application of indomethacin suppository can quickly start, In [~] muuto Peak, and fully bio-exploited, drug in rectum, most of the blood goes directly through the liver, accounts for up to 50% ~ 75%. The use of suppositories in the study can significantly reduce the damage to the gastric mucosa by the drug, avoid adverse reactions such as drug-induced gastrointestinal bleeding. This method is cost-effective, Simple Operation multiline[6]. This result shows that, the incidence of acute pancreatitis and high amylase blood incidence is lower than control group, difference is statistically significant (P < 0.05), Prompt for the indoleindomethacin Effective Prevention ERCP Post-operative acute pancreatitis, lowering high amylase blood incidence. Two groups of different serum amylase levels were significantly higher than before surgery. High, and the control group is elevated more significantly, difference is statistically significant (Corps < 0.05). Tips for preventing the use of indomethacin to make the level of serum amylase significantly lower after the operation ERCP.

Summary, acute pancreatitis and high amylase are ERCP more common complication, ercp Postoperative prophylactic indomethacin can cause acute pancreatitis after operation and the incidence of high amylase is significantly reduced, to increase the level of serum amylase after surgery decrease, ERCPTen the clinical efficacy of is significantly higher.

References

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