

Impaired Exocrine Pancreatic Function in Cholelithiasis

*Hardt, PD., Bretz, L., Kraus, A., Schnell-Kretschmer, H., Doppl, W.E.,
Oezcueruemez, M., Sziegoleit, A., Kloer H.U.*

III. Dept. of Internal Medicine, Justus-Liebig-University, Rodthohl 6, D-35380 Gießen, Germany

Background: Choledocholithiasis is well established as one major pathogenetic principle in acute pancreatitis. However, cholelithiasis is not believed to be of pathogenetic importance for the development of chronic pancreatitis, which has been reported to be caused by chronic alcoholism in about 80 %. Since quite a few of our patients with chronic pancreatitis had a history of cholelithiasis, we decided to investigate the prevalence of pancreatic insufficiency in cholelithiasis.

Patients and Methods: 121 patients with known cholelithiasis or history of cholecystectomy were asked about their clinical symptoms and medical history. Fecal elastase 1 (E1), a novel test of exocrine pancreatic function, was analysed by ELISA. Data were compared to those of a group of healthy persons (n=78) and a group of persons with non-pancreatic gastrointestinal disease (n=68).

Results: In gallstone patients E1 was decreased (<200µg/g) in 29,8 % as compared to 2,6 % in healthy persons and to 16,2 % in non-pancreatic gastrointestinal disease. Out of 36 gallstone patients with reduced E1 16 (44 %) denied drinking alcohol, 18 (50%) consumed <60 gr/day and two patients (6%) consumed >60gr/day.

Conclusion: Pancreatic insufficiency as detected by measurement of fecal E1-concentrations is found much more often in cholelithiasis than in non-pancreatic gastrointestinal disease or in healthy persons. There appears to be a close link between cholelithiasis and the development of chronic pancreatitis with subsequent exocrine pancreatic insufficiency.

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