My experience of GSD and ACUTE Pancreatitis Grade C, A challenge in my life:  
A Case Study Report

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Abstract

This paper is about my experience of GSD (gall stone disorder) and acute pancreatitis grade C that leads to open operation to remove gall bladder on 5th December 2012 at Raj Poly clinic, Imphal. Before operation was taken place I had a sudden experience of attack on 26th November, 2012. Such sudden attack was occurred at midnight time and I was trying to reduce the vomiting symptoms at my best level. At that moment of time I did not know what is suffering from. That vomiting makes me little relief for a fraction of second then lead to block turning in upper abdomen in my right side while sleeping. It makes me fearful situation at that time and turning to left side of my body have no problem while sleeping. I am trying to turn in the right side very slowly but totally block. I try to control myself and i am staying alone in my room, so I am very careful and trying to reduce such fearful moment, start taking deep breath, it seems, breathing while doing such things have little problem but can did, and got something better. But again and again vomiting one after another. Due to unable to turn in right side, afraid and started calling to my sisters in Manipur. When I said the symptoms leading after vomiting, sister advised, “call from the surrounding people”. That time around 1:30am; vomiting starts from 12:00am. I try to manage each and everything, took one pain killer, two vomiting pills, each and everything I swallowed makes me vomiting again. Trying to such activity at my best level because I wanted morning time but could not wait. Why I am trying to make such paper is that in such circumstances fear factor dominated, so just calm yourself, do deep breathing even though while problems in breathing, call surrounding people at an appropriate time, n rush to the hospital to reduce the extreme pain. At the appropriate time senior and junior colleagues make me to reach the hospital on 26th November 2012, New life hospital, Chandmari, Aizawl.

Keywords: GSD, Pancreatitis, fear, deep breathing, pancreas

Herophilus (335-280 BC), a Greek anatomist and Surgeon first identified pancreas for Western Civilization. Rufus of Ephesus, another Greek anatomist names the term Pancreas only a few hundred years later. The term "pancreas" is derived from the Greek πᾶν ("all", "whole"), and κρέας ("flesh")– it is presumed because of its fleshy consistency.(sources from Google search). Pancreatitis is inflammation of the pancreas. The pancreas is a large gland behind the stomach and close to the duodenum - the first part of the small intestine. The pancreas secretes digestive juices, or enzymes, into the duodenum through a tube called the pancreatic duct. Pancreatic enzymes join with bile - a liquid produced in the liver and stored in the gallbladder - to digest food. The pancreas also releases the hormones insulin and glucagon into the bloodstream. These hormones help the body regulate the glucose it takes from food for energy.(sources Google search). Normally, digestive enzymes secreted by the pancreas do not become active until they reach the small intestine. But when the pancreas is inflamed, the enzymes inside it attack and damage the tissues that produce them. The part of the pancreas with endocrine function is made up of approximately a million cell clusters called islets of Langerhans. Four main cell types exist in the islets. They are relatively difficult to distinguish using standard staining techniques, but they can be classified by their secretion: α cells secrete glucagon (increase glucose in blood), β cells secrete insulin (decrease glucose in blood), delta cells secrete somatostatin (regulates/stops α and β cells), and PP cells or gamma cells, secrete pancreatic polypeptide. The islets are a compact collection of endocrine cells arranged in clusters and cords and are crisscrossed by a dense network of capillaries. The capillaries of the islets are lined by layers of endocrine cells in
The islet of Langerhans plays an imperative role in glucose metabolism and regulation of blood glucose concentration. The pancreas as an exocrine gland helps out the digestive system. It secretes pancreatic fluid that contains digestive enzymes that pass to the small intestine. These enzymes help to further break down the carbohydrates, proteins, and lipids (fats) in the chyme. (sources Google search).

In humans, the secretory activity of the pancreas is regulated directly via the effect of hormones in the blood on the islets of Langerhans and indirectly through the effect of the autonomic nervous system on the blood flow. Because the pancreas is a sort of storage depot for digestive enzymes, injury to the pancreas is potentially fatal. A puncture of the pancreas generally requires prompt and experienced medical intervention. Pancreatitis can be acute or chronic. Either form is serious and can lead to complications. In severe cases, bleeding, infection, and permanent tissue damage may occur. Acute pancreatitis is inflammation of the pancreas that occurs suddenly and usually resolves in a few days with treatment. Acute pancreatitis can be a life-threatening illness with severe complications. The most common cause of acute pancreatitis is the presence of gallstones - small, pebble-like substances made of hardened bile - that cause inflammation in the pancreas as they pass through the common bile duct. Chronic, heavy alcohol use is also a common cause. Acute pancreatitis usually begins with gradual or sudden pain in the upper abdomen that sometimes extends through the back. The pain may be mild at first and feel worse after eating. But the pain is often severe and may become constant and last for several days. A person with acute pancreatitis usually looks and feels very ill and needs immediate medical attention. Other symptoms may include: Swollen and tender abdomen; nausea; vomiting; fever; rapid pulse. Severe acute pancreatitis may cause dehydration and low blood pressure. The heart, lungs, or kidneys can fail. If bleeding occurs in the pancreas, shock and even death may follow.

While asking about a person's medical history and conducting a thorough physical examination, the doctor will order a blood test to assist in the diagnosis. During acute pancreatitis, the blood contains at least three times the normal amount of amylase and lipase, digestive enzymes formed in the pancreas. Changes may also occur in other body chemicals such as glucose, calcium, magnesium, sodium, potassium, and bicarbonate. After the person's condition improves, the levels usually return to normal. Diagnosing acute pancreatitis is often difficult because of the deep location of the pancreas. The doctor will likely order one or more of the following tests:

**Abdominal ultrasound.** Sound waves are sent toward the pancreas through a handheld device that a technician glides over the abdomen. The sound waves bounce off the pancreas, gallbladder, liver, and other organs, and their echoes make electrical impulses that create a picture - called a sonogram - on a video monitor. If gallstones are causing inflammation, the sound waves will also bounce off them, showing their location.

**Computerized tomography (CT) scan.** The CT scan is a non-invasive X-ray that produces three-dimensional pictures of parts of the body. The person lies on a table that slides into a donut-shaped machine. The test may show gallstones and the extent of damage to the pancreas.

**Endoscopic ultrasound (EUS).**

**Magnetic resonance cholangiopancreatography (MRCP).**

Treatment for acute pancreatitis requires a few days' stay in the hospital for intravenous (IV) fluids, antibiotics, and medication to relieve pain. The person cannot eat or drink so the pancreas can rest. If vomiting occurs, a tube may be placed through the nose and into the stomach to remove fluid and air. Unless complications arise, acute pancreatitis usually resolves in a few days. In severe cases, the person may require nasogastric feeding - a special liquid given in a long, thin tube inserted through the nose and throat and into the stomach - for several weeks while the pancreas heals.

**Therapeutic Endoscopic Retrograde Cholangiopancreatography (ERCP) for Acute and Chronic Pancreatitis:**
ERCP is a specialized technique used to view the pancreas, gallbladder, and bile ducts and treat complications of acute and chronic pancreatitis - gallstones, narrowing or blockage of the pancreatic duct or bile ducts, leaks in the bile ducts, and pseudocysts - accumulations of fluid and tissue debris. Soon after a person is admitted to the hospital with suspected narrowing of the pancreatic duct or bile ducts, a physician with specialized training performs ERCP. After lightly sedating the patient and giving medication to numb the throat, the doctor inserts an endoscope - a long, flexible, lighted tube with a camera - through the mouth, throat, and stomach into the small intestine. The endoscope is connected to a computer and screen. The doctor guides the endoscope and injects a special dye into the pancreatic or bile ducts that helps the pancreas, gallbladder, and bile ducts appear on the screen while X-rays are taken. The following procedures can be performed using ERCP:

**Sphincterotomy.**

**Gallstone removal.** The endoscope is used to remove pancreatic or bile duct stones with a tiny basket. Gallstone removal is sometimes performed along with a sphincterotomy.

**Stent placement.**

**Balloon dilatation.**

Gallstones that cause acute pancreatitis require surgical removal of the stones and the gallbladder. If the pancreatitis is mild, gallbladder removal - called cholecystectomy - may proceed while the person is in the hospital. If the pancreatitis is severe, gallstones may be removed using therapeutic endoscopic retrograde cholangiopancreatography (ERCP) - a specialized technique used to view the pancreas, gallbladder, and bile ducts and treat complications of acute and chronic pancreatitis. Cholecystectomy is delayed for a month or more to allow for full recovery. If an infection develops, ERCP or surgery may be needed to drain the infected area, also called an abscess. Exploratory surgery may also be necessary to find the source of any bleeding, to rule out conditions that resemble pancreatitis, or to remove severely damaged pancreatic tissue.

**Pseudocysts** - accumulations of fluid and tissue debris - that may develop in the pancreas can be drained using ERCP or EUS. If pseudocysts are left untreated, enzymes and toxins can enter the bloodstream and affect the heart, lungs, kidneys, or other organs. Acute pancreatitis sometimes causes kidney failure. People with kidney failure need blood-cleansing treatments called dialysis or kidney transplant. In rare cases, acute pancreatitis can cause breathing problems. Hypoxia, a condition that occurs when body cells and tissues do not get enough oxygen, can develop. Doctors treat hypoxia by giving oxygen to the patient. Some people still experience lung failure - even with oxygen - and require a respirator for a while to help them breathe.

**Purpose of this paper:**
The main purpose of this paper is to give my experience of acute pancreatitis attack and gall stone disorder.

**Methodology:**
Sample: A case study report, age 37+ year old, female.
Case profile: The investigator became 37+ years old when I was attacked acute pancreatitis and gall stone disorder.

**Design:**
Longitudinal design: observing the investigator health improvement, a personal feelings.(from 26th November till date)

**Instruments:**
Case Study Method:
An outgrowth of psychoanalytic theory, the clinical or case study, method brings together a wide range of information on one person, including interviews, observations, test scores, and sometimes psycho physiological measures. The aim is to obtain as complete a picture as possible of that person’s psychological functioning and experiences that led up to it. Case studies provides rich, detailed accounts of significant events in an individual’s life. The case study is mainly descriptive, and its data are qualitative. It is the least systematic and least controlled research method.

Result:
In my case ultra sound along with CT scan was done to diagnose. All the blood test becomes more than double than the normal level. Here I want to give some figures that had been taken before operation and after operation, the result is totally based on Ultra sound and CT scan (courtesy, New life Hospital, Chandmari, Diagnostic centre, Zarkawt, before operation; after operation Adarsh Laboratory, Imphal).

Fig: I Before operation, 26th November 2012

Fig: II, Before operation, 26th November 2012

Fig: III, Before operation, 26th November 2012
Fig. IV. Before operation (courtesy, Diagnostic centre, Zarkawt, Aizawl).

Stone found after operation on 5th December 2012 (big 3 stones are visible, small three like peashaped not visible). (Courtesy: Raj poly clinic, Imphal)

Fig. after operation...ultra sound, (Courtesy: Aadarsh laboratory, 9.2.2013)

Discussion:

The main purpose of this paper is to share my experience of GSD and Acute Pancreatitis Grade C. First I want to share my case profile, then I would like to give some tips of preparation when anyone encountered sudden attack such symptoms of vomiting, slight problem in breathing, could not turn in the right side while trying to sleep, fear dominated because such things never happen earlier, could not able to take anything, if incase taken, leads to vomiting, etc.
Case study profile:

“I was born at Kakching, Manipur, and 5th child of the family. My father is a retired teacher and my mother is a business woman at her earlier young age as well as housewife also. I did my schooling from Kakching, starting from primary school to Xth class. XI and XIIth from Imphal, and my B.A. from Kurukshetra college and M.A. from Delhi University, M.phil from Kurukshetra University, for my PhD. work, I usually do my self-independent research work. On this basis I published one book based on Dream: a longitudinal case study report, formation, function and interpretation of a subject’s dream in a workplace conflictual situation from 2004-2011, Lambert academic publishing, June 2012. Another book named Personality traits: a study based on factor analytic approach, anxiety, depression, aggression, stress, dominance, warmth of Meitei community in Manipur from 2008-2013); I published at TIJ Research Publications PTE.LTD., Singapore (www.tij.sg). Many research papers I published at national and International level. Now I have more than 10 years job experience in ug and pg teaching, practical, research, and publication my papers.

On 25th November 2012, I was watching TV and I talked to my eldest sister as usual before sleeping. Around 11:30 pm, I was going to sleep, started nose blocking, (such nose blocking usually did during winter period when I was in Delhi also, so I knew how to handle) and got up did steaming n found relief from such activity and I drank a full glass of hot milk before sleeping so that I can sleep in sound. What happened? After that I had gone to sleep. After 30 minutes, started feeling of vomiting. It means on 26th November early morning around 12:30 am, sudden sensation of vomiting. I got up and try to control vomiting and took out ‘Nimboo and orange whatever I found at that time so that I can able to reduce the sensation of vomiting. I took and I felt some relief and afterwards, again and again, and I could not able to control my vomiting that period of time. But all the time I think that I will be o.k., may be indigestion due to eating too much. Never fear. Then gone to sleep. The moment I was going to sleep, then again vomiting, at that time I did at least ten times vomiting, still think will be o.k.; my fear escalated when I could not able to turn on the right side of the body; but left side is little bit o.k. I could not able to stand straight, so horrible. Around 1:00 am, I started calling to my sisters and took painkillers and vomiting tablet, I used to keep. Anything I swallowed comes out as vomiting, right side back part also started paining. when my eldest sister and brother-in-law started asking the portion of my pain, then realised that hospitalization is needed and told me call people around you. Then I started calling my senior colleagues and juniors to come to my quarter and I was suffering from extreme pain and vomiting. Then they reached to one of the Aizawl’s private Hospital. So I reached at hospital on 26th November 2012 around 3:00pm. One attendant gave me injection and brought me feeling good and can able to turn on the right side. Then after some time again I could not turn to the right side. I said I needed hospitalization over here because I knew that after vomiting, little relief, for a brief of time, then block turning to the right side. Still not diagnosed in the early morning. Then with my demand to hospitalization over there, then I was hospitalized. Doctor came around 10:00 am to 11:00 am. On 26th Nov 2012 I was sent for Ultrasound and from there found stone on the gall bladder n little bit not clear about my swallowing part in the pancreas area. I was not given any food, no water (if want, then with measurement etc), gave pain killer injection twice a day that makes me relief, vomiting sensation but now I can able to control. I was sent for CT scan because of such swelling around the pancreas. Many tests were conducted and found most of the tests results were double than normal. Even check kidney, o.k., blood pressure is frequently done, ask is there any breathing problem. Usually I did all the time deep breathing closing my eyes when I was in bed. Many senior colleagues came to visit me, students and my colleagues came to meet me at hospital. In such situation, internal problem like could not able to produce gas, could not able to extract feces, etc. are common. Urine measurement was done very frequently. On 29th November 2012, can produce feces after having done enema. And able to produce gas; then doctor suggests taking semi food but a little quantity. I felt I was improving but trying to turn in the right side is light o.k. but not completely recovered. Suggestion given to remove the gall stone but I did not want at Aizawl because I wanted my family members in Manipur. So I gave my decision, I wanted to do operation in Manipur. After 2days, semi-food, feeling better, but one problem was that sleeping started disrupted. One hour sleep felt me that I slept more than 5 hours; during such period again started seeing dream of dead people, my neighbour. Many
people were listening his story about Mahabharata and Ramayana, it seems to me. But my face was not towards him. My face was towards in my family members. Then extremely I wanted to discharge from the hospital. I requested to doctor that my sisters are coming to pick me up, so I needed discharged from the hospital. They are reaching on 1st December 2012; and we are planning to go on 2nd December 2012. At last the doctor accepted my request. But he kept one condition. I accepted that condition and I did signature on the letter. In return, I demanded to issue health fitness certificate. He accepted. Then I was discharged along with medicine. I was not totally improved. Again that feeling of pain. my sisters arrived and before going to Manipur, gave 3 times injection that makes me no need to show health certificate at the airport. On 3rd December 2012, gone to the Raj poly clinic, Imphal for many tests before operation. Things were easier due to my brother-in-law helped over there. He took responsibility for my operation. At last operation date was fixed on 5th December 2012. My operation was done successfully. My sister was bit anxious if there were any complications but for the God’s grace, no complication. i was discharged on 9th December 2012 along with medicine. I was not totally improved. Again that feeling of pain. my sisters arrived and before going to Manipur, gave 3 times injection that makes me no need to show health certificate at the airport. On 3rd December 2012, gone to the Raj poly clinic, Imphal for many tests before operation. Things were easier due to my brother-in-law helped over there. He took responsibility for my operation. At last operation date was fixed on 5th December 2012. My operation was done successfully. My sister was bit anxious if there were any complications but for the God’s grace, no complication. i was discharged on 9th December 2012 along with medicine. Then I reached to MZU and I gave my resuming letter for duty on 15th February 2013. Then I submitted one copy of my operation report at Raj poly clinic forwarded by medical officer form MZU, on 18th February 2013 at administration and I submitted my duty charge report signature by HOD on 18th February 2013. One thing is that my attack for my acute pancreatitis was right time (26th November, finished my syllabus; from 20th December 2012 to 17th January 2013, winter break). From 26th November ( if prefix is added then may be 24th November 2012) to 19th December was connected by earned leave.

After this case profile i want to keep some tips how i try to control in such sudden attack:

First, fear, tension, confusion may be dominated due to such sudden attack. Here i want to suggest you, just try to calm down and say yourself will be o.k.;

Second try to do deep breathing, while doing you may feel something different from your daily way because here something is disturbing you may feel, but please do not panic, do it slowly and slowly slightly closing your eyes.

Third if you are alone in the room, try to take help from anyone, please do not hesitate, because you already try to control your best level alone at the room but you could not do at that moment; it indicates that you need medical help;Fourth, Follow what the doctor said at the hospital once you are diagnosed of GSD and acute pancreatitis.

Conclusion:
In the conclusion part, i want to share such type of attack like sudden vomiting that lead to relief for a fraction of second and then lead to block in the right turn when you try to sleep; right side back started feeling pain etc. So i want to say please stay calm, do deep breathing that gives you good sensation even though little bit problem while doing, never forget God. In my case, no fever, Blood pressure under control, breathing i used to do deep breathing all the time for myself.

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References:
Website: www.google.co.in
Picture courtesy figure 1 to figure IV: New life Hospital, Chandmari, Aizawl, 2012
Picture courtesy figure IV: Diagnostic centre, Zarkawt, Aizawl, 2012
Picture Courtesy Figure V: Raj poly clinic, Imphal, 2012
Picture courtesy figure VI: Adarsh Clinic, Imphal, Feb 2013