

## Nutritional status and clinical outcome in children with acute pancreatitis

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Acute pancreatitis (AP) in children is being more and more diagnosed across the world and developing nation like India.<sup>(1–4)</sup> More cases of AP in children being diagnosed in last 1–2 decade.<sup>(4)</sup> This may be because of multiple factors like better health sector developments, change in dietary and social lifestyle changes due to fast improving economy.<sup>(5,6,7,8)</sup> There are many unknown factors also leading to increase in incidence of AP in children in developing nations like India. Overall prognosis of mild AP is very good. Mild cases resolve with supportive management only. But moderately severe and severe AP (SAP) cases are associated with significant mortality and morbidity. Complications like pseudocyst and collection in situ has been also seen.<sup>(9)</sup> The aim of this study is nutritional status assessment in children with AP. Five-year retrospective data collected from records of inpatients children with AP at Paediatric Gastroenterology department of our institute. Diagnosis of AP were made as per the International Study Group of Pediatric Pancreatitis: In Search for a Cure (INSSPIRE) definitions and Atlanta criteria. Data of 63 children obtained from year 2012 to 2016. Anthropometric data,<sup>(10)</sup> nutritional intake details, liver function test (LFT) data recorded. Anthropometric data analysed with Indian Academy of Pediatrics (IAP) growth charts. Data were entered into Windows 10 Excel. Appropriate statistical data used for analysis of variables using SPSS 2020. 44.4% (28) of children of AP were 11–15 years age group, 31.7% (21) were from > 16 years, 23.8% (15) children were from less than 10 years age group. In 63 patients, 28 (44.4%) were undernourished, 23 (36.5%) having normal BMI. Nutritional status data statistics derived from IAP and WHO growth charts for children. Nine (14.3%) were overweight and three (4.8%) were obese. Nasojejunal feeding was associated mostly in patients with SAP. LFT were deranged mostly in cases of SAP. Cases of AP seen more in male children. Children between 11–15 years were more commonly affected. Overweight, obesity were more seen in children with SAP. Some of the undernourished children also affected by SAP. Children on nasojejunal feeding were required mostly in cases with SAP. The study indicates that both obesity and undernutrition has correlation with poor outcome of AP in children. There is need of multicentric studies to come with final statement in future in children with obesity and AP.

### References

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