View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Institutional Repository in Medical Sciences of Nicolae Testemitanu State University of...

NEW POSSIBILITIES OF CHRONIC PANCREATITIS TREATMENT USING DRUG *LIVERIA IC*

N. B. GUBERGRITS, V. Ya. KOLKINA,
Donetsk National Medical University
n. a. M. Gorky, Ukraine

Rezumat

Noi posibilităţi de tratament al pancreatitei cornice cu preparatul Liveria IC

Acest studiu a examinat pacienţii cu pancreatită cronică. Se demonstrează eficienţa preparatului Liveria IC, inclus în tratamentul tradiţional al pancreatitei cronice, în ceea ce priveşte diminuarea sindroamelor dolor şi dispeptic, precum şi în scăderea indicilor izoamilazei pancreatice în sânge şi urină.

Cuvinte-cheie*: pancreatită cronică, durere, dispepsie, izoamilază pancreatică, Liveria IC*

Резюме

Новые возможности лечения хронического панкреатита с использованием препарата Ливерия IC

Нами обследованы пациенты с хроническим панкреатитом. Исследование показало эффективность включения в традиционную терапию хронического панкреатита препарата Ливерия IC относительно уменьшения болевого и деспептических синдромов, а также показателей панкреатической изоамилазы крови и мочи.

Ключевые слова*: хронический панкреатит, боль, диспепсия, панкреатическая изоамилаза, Ливерия IC*

Introduction

In many patients chronic pancreatitis results from a complex of environmental factors (alcohol, cigarettes smoking and occupational chemicals), some of patients have genetic, hereditary or autoimmune nature of disease. The alcoholic nature of the chronic pancreatitis dominate not only in Ukraine but in Europe also, and chronic alcohol consumption associated with 38–94% of cases of pancreatitis in the developed countries, but is now increasing worldwide due to growing consumption of alcohol in each nation [8]. About 20% of men and 9% of women admit to hospitals with various diseases of alcoholic etiology in Europe [3, 4, 5, 8]. It is well known that increase spread of chronic pancreatitis in Ukraine, associated with rise of alcohol consumption, so we have a great interest to asses and improve the efficiency of the treatment of patients with chronic pancreatitis [3, 6, 9].

According the different sources drug Liveria IC showed sufficient efficacy in the treatment of chronic hepatitis of various, especially of alcoholic etiology, that's why we had great interest to evaluate the effi-

cacy of Liveria IC in patients with chronic pancreatitis [7]. Liveria IC (1 tablet includes 0, 5 gr. of metadoxin) has anxiolytic, hepatoprotective, desintoxicate, antifibrotic, anti-oxidant and anti-depressive effect [7].

Aim of investigation was to assess the efficacy of the drug Liveria IC on the dynamic of abdominal pain, dyspepsia and biochemical data, such as pancreatic isoamylase (p-isoamylase) in blood and urine in patients with chronic pancreatitis.

Materials and methods

We investigated 72 patients with chronic pancreatitis, 49 (68.1%) of them had chronic alcoholic pancreatitis. Main group include 37 patients with chronic pancreatitis who received traditional therapy with antisecretory, spazmolitic, enzyme therapy, whom had been added Liveria IC 1tablete 2 times per day 15–30 minutes before meals for three months. In the comparison group were included 35 patients with chronic pancreatitis who received only traditional therapy of chronic pancreatitis. A control group included 30 healthy persons. Before and after treatment we assessed the dynamics of pain , dispeptic syndrome, indicators of pancreatic isoamylase in blood and urine.

Severity of complains and painfulness of palpation we estimate with index of average severity of manifestation (ASM) [2]. We used semiquantitative scale:

0 score – there are no manifestations;
1 score – minimal manifestation;
2 scores – moderate manifestations;
3 scores – significant manifestation.

In view of the scale we calculate ASM of clinical manifestations by formula:

$$ASM = \frac{a + 2b + 3c}{a + b + c + d},$$

where ASM is the average severity of manifestations;

a – the number of patients with manifestation of symptoms with 1 score;
b – the number of patients with manifestation of symptoms with 2 scores;
c – the number of patients with manifestation of symptoms with 3 scores;
d – the number of patients with no symptoms.

Level of p-izoamilase conducted with Vitalab Analyzer Flexor (Netherlands) using sets firm Lachema (Czech Republic).

Results and discussion

The leading symptom of all examined patients was abdominal pain. Most common location of pain was – epigastric region and both hypochondrium aria – 24 (33.3%) patients. Pain in epigastric region and right hypochondrium in 15 (20.8%) patients, in the right hypochondrium only – 10 (13.9%) patients, epigastric region and left hypochondrium – 11 (15.3%) patients, only in epigastric region – 4 (5.6%) patients, only in the left hypochondrium – 8 (11.1%) patients.

In the main group patients before treatment dominated moderate abdominal pain – 18 (48.7%) patients; the intensity of the pain was minimal at 11 (29.7%) patients, significant – 8 (21.6%) patients. ASM of pain syndrome in the main group before the treatment was 1.92. In the comparison group the intensity of the pain was similar and determined 18 (51.4%), 10 (28.6%) and 7 (20.0%) of patients correspondently. The ASM of this syndrome in the comparison group was 1.91.

Before treatment dyspepsia was at all examined patients. 15 (40.6%) patients of main group had intensive dyspepsia, 9 (24.3%) – moderate, 13 (35.1%) – minimal dyspepsia. ASM of dyspeptic syndrome in this group was 2.05, in the comparison group the intensity of this syndrome was determined respectively by 16 (45.7%), 12 (34.3%) and 7 (20.0%) patients. ASM of dispeptic syndrome in the comparison group before the treatment amounted 2.26.

After treatment dynamics of clinical manifestations was more pronounced in patients of main group. So, ASM of pain syndrome after treatment in the main group was 0.91, unlike the comparison group was 1.53, 1.68 times higher. The most effective was main variant of treatment concern the dyspeptic syndrome too. After the treatment the ASM of this syndrome in patients of main group was 0.99 and in comparison group was 1.57, so 1.59 times higher.

More significant dynamics of p-isoamilase in blood and urine was also in the main group unlike comparison group patients. P-isoamilase in blood was 2.05±0.14 mccat/l before treatment in main group patients and after treatment was 0.99±0.08 mccat/l ($p<0.05$) and in the comparison group patients before treatment was 1.39±0.08 mccat/l and after 1.02±0.12 mccat/l ($p>0.05$), in healthy persons was 0.87±0.13/l mccat. P-isoamilase in urine in patients of the main group before treatment was 7.05±0.25 mccat/l after treatment was 4.30±0.27 mccat/l ($p<0.05$) and in the comparison group patients 6.53±0.21 mccat/l before treatment and 5.26±0.58 mccat/l ($p>0.05$) after, in healthy persons was 3.32±0.39 mccat/l.

Conclusion

Treatment of patients with chronic pancreatitis with Liveria IC inclusion leads to reduction of insensitivity of pain, dyspepsia and positive dynamics of such biochemical data like pancreatic isoamylase in blood and urine.

References

1. *Алкогольная болезнь органов пищеварения: клинические очерки.* Под ред. Н. Б. Губергриц, Н. В. Харченко. Киев: Новый друк, 2009, 180 с.
2. Лапач С. Н. Чубенко А. В., Бабич П. Н. *Основные принципы применения статистических методов в клинических испытаниях*. Киев: Морион, 2002, 160 с.
3. Маев И. В., Зайцева Е. В., Дичева Д. Т., Андреев Д. Н. *Ферментные препараты как основа лечения хронического панкреатита с внешнесекреторной недостаточностью: возможности применения и выбор в практике гастроэнтеролога.* В: Consilium Medicum. Гастроэнтерология, 2013, № 1, с. 61–64.
4. Akshintala V. S. et al. *A population-based study of severity in patients with acute on chronic pancreatitis.* In: Pancreas, 2013, vol. 42, no. 8, p. 1245–1250.
5. *Clinical pancreatology for practicing gastroenterologists and surgeons* (ed. J. E. Dominguez-Munoz). Oxford: A Blackwell Publ. Co., 2005, 535 p.
6. Domínguez-Muñoz J. E. *Latest advances in chronic pancreatitis.* In: Gastroenterol. Hepatol., 2013, vol. 36, suppl. 2, p. 86–89.
7. Feher J., Vali L., Blazovics A., Lengyel G. *The beneficial effect of metadoxine (pyridoxine-pyrrolidone-carboxylate) in the treatment of fatty liver diseases.* In: CEMED, 2009, vol. 3, no. 1, p. 65–79.
8. Gullo L., Migliory M., Brunetti M. A., Manca M. *Alcoholic pancreatitis: new insights into an old disease.* In: Curr. Gastroenterol. Rep., 2005, vol. 7, no. 2, p. 96–100.
9. Hernandez C. A., Nicolas J. C., Fernandez J., Pizarro P. *Determination of plasma trypsin-like activity in healthy subjects, patients with mild to moderate alcoholic chronic pancreatitis, and patients with nonjaundice pancreatic cancer.* In: Dig. Dis. Sci., 2005, vol. 50, no. 11, p. 2165–2169.

Виктория Яковлевна Колкина,
к. мед. н., доцент
Кафедра внутренней медицины им. А. Я. Губергрица
Донецкий национальный медицинский университет им. М. Горького
Украина, Донецк, пр. Ильича, 16, 83003
Тел.: +38(062)2970028;
моб. +38(050)6200729
e-mail: nbg@pisem.net