

Etanercept: A Rare Cause of Drug-Induced Pancreatitis

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Background

- Drug-induced pancreatitis(DIP) is a rare but notable cause of acute pancreatitis(AP). Prior data comes from case reports and series, with definitive studies and trials lacking.
- To definitively diagnose DIP, a latency period with reintroduction of the medication associated with a return of symptoms is required. This is often not feasible due to risk of disastrous complications^{1,2}.
- Amongst these cases, etanercept-induced pancreatitis presents a rare subset not reported often in the literature.

Methods

- Our patient is a 65-year-old female with a history of rheumatoid arthritis(RA) recently started on etanercept who presented endorsing three days of epigastric abdominal pain. She denied a history of pancreatitis, gallstones, alcohol use, trauma, or ERCP.
- Vitals were stable, with a white blood cell count of 11.4K/uL, normal liver function tests and calcium, lipase 1012U/L, and triglycerides of 187 mg/dl. Imaging indicated no evidence of gallstones nor notable pancreatitis.
- Infection was deemed unlikely with no worsening leukocytosis, fevers, evidence of infection on imaging, or growth noted on blood cultures. Antinuclear antibody(ANA) and immunoglobulin G4(IgG4) would be negative.
- The patient was advised to stop etanercept therapy and follow up with gastroenterology and rheumatology outpatient. Since discharge, she is doing well off etanercept outpatient.

Results



Figure 1: CTAP with evidence of hepatic steatosis and no evidence of acute pancreatitis.

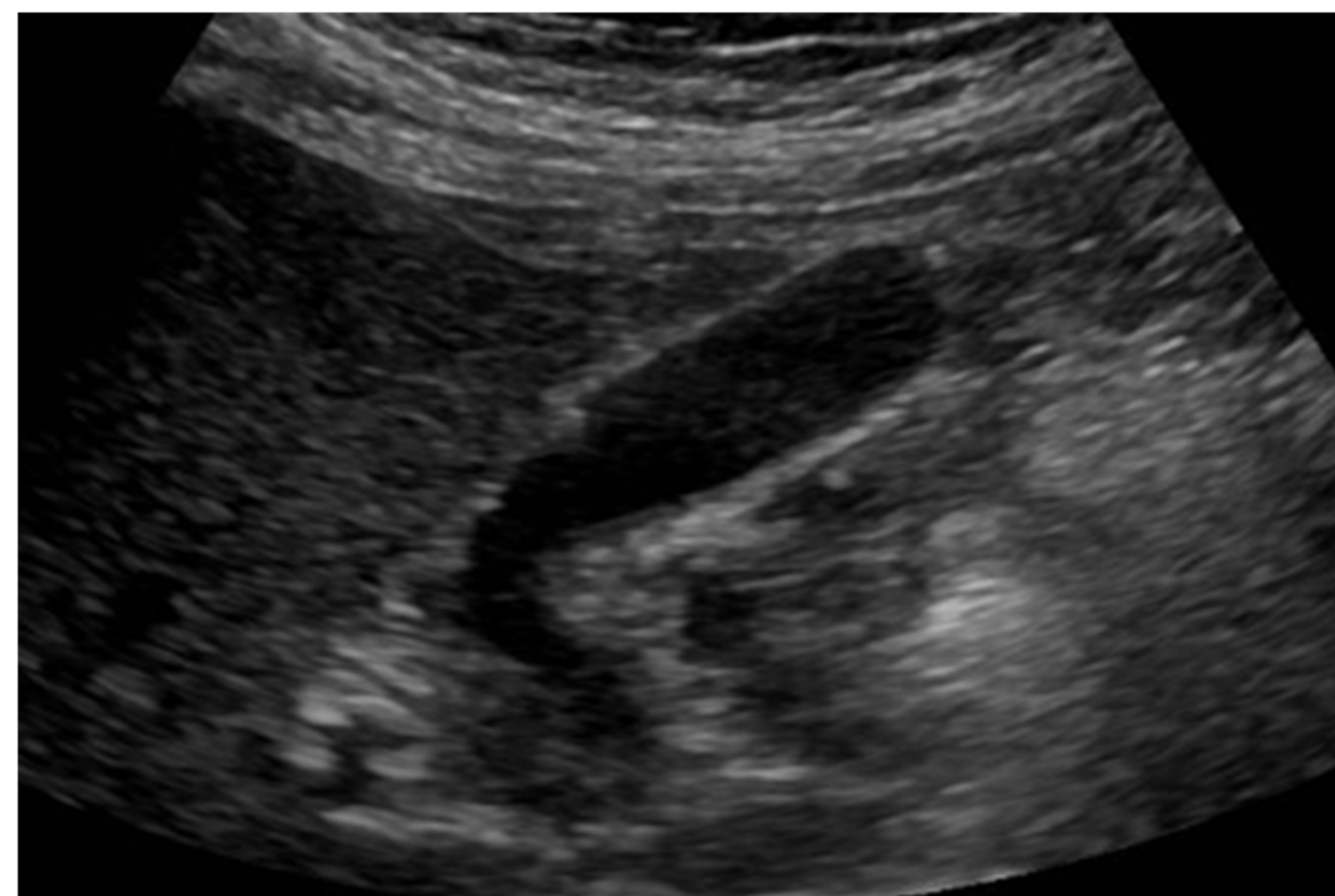


Figure 2: Transverse Right Upper Quadrant Ultrasound in Left Lateral Decubitus positioning indicating nondistended gallbladder, no pericholecystic fluid, nor any gallstones. Sonographic Murphy's sign was negative.

Discussion

- DIP is a diagnostic dilemma, with hundreds of reported medication affiliations and no consensus diagnostic algorithm.
- After common etiologies are excluded, the differential should be broadened to include DIP with a thorough evaluation of every prescription and non-prescription medication the patient has taken.
- TNF- α inhibitors and of note etanercept are not well reported as being associated with acute pancreatitis. With one of two prior reports reporting a fatality, a high index of suspicion should be utilized in patients on etanercept presenting with acute pancreatitis. We acknowledge that further studies are needed to appropriately assess this relationship.

Conclusion

- Drug-induced pancreatitis is overall a rare cause of pancreatitis that is a diagnosis of exclusion
- Diagnosis entails excluding more common causes of acute pancreatitis and ideally a reintroduction of the offending agent, which is often not feasible due to potential disastrous consequences
- Etanercept is being increasingly used and its association with pancreatitis is not well reported and understood, but must always be considered in a associated patients presenting with abdominal pain.

References

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