

## Acute pancreatitis secondary to treatment with isotretinoin<sup>☆</sup>



### Pancreatitis aguda secundaria al tratamiento con isotretinoína

We present the case of a 14-year-old male who attended our hospital following hours of epigastric abdominal pain and vomiting. There was no associated choluria, jaundice or change in bowel habits. Prior history of interest included treatment with isotretinoin 30 mg/day for the last three months.

The physical examination found the patient to be afebrile and tachycardic, with a blood pressure of 100/66 mmHg. He experienced epigastric pain upon palpation of the abdomen, with no peritonism and no other findings of interest. No relevant abnormalities were observed in the abdominal X-ray. The blood tests revealed abnormal pancreatic clinical chemistry values (amylase 584 U/l and lipase 1392 U/l) with a normal lipid, phosphorus and calcium profile. An abdominal ultrasound found no significant biliary abnormalities, ruling out the presence of intra-abdominal collections or masses.

In light of these findings, mild acute pancreatitis (BISAP 0) of probable toxic-drug-induced aetiology secondary to treatment with isotretinoin was diagnosed. The patient's progression was satisfactory after withdrawal of the medicinal product, with no abnormal findings in the subsequent clinical examination, bloods and ultrasound.

Isotretinoin is a medicine used to treat severe and nodular cystic acne. Although its mechanism of action is unknown, it is believed to induce apoptosis in the sebaceous gland cells.

Acute pancreatitis induced by the ingestion of isotretinoin is an extremely rare and generally mild

adverse effect.<sup>1</sup> Most cases are caused by an idiosyncratic reaction (as in our case), with a small percentage of cases attributable to secondary hypertriglyceridaemia.<sup>2</sup> It usually manifests between six weeks and six months after the start of treatment, with onset possible at any time.<sup>3</sup> It cannot be prevented, with the systemic monitoring of triglyceride levels during treatment having been shown to be an ineffective tool.

Despite being a rare side effect, acute pancreatitis should be taken into account when treating a patient with abdominal pain who is taking isotretinoin.

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## Cytomegalovirus associated gastric ulcer: Case report and literature review<sup>☆</sup>



### Citomegalovirus asociado a úlcera gástrica: caso clínico y revisión de la literatura

Cytomegalovirus (CMV) is a very common viral pathogen with significant morbidity and mortality in immunosuppressed patients.

We present the case of a 72-year-old woman, with a history of polymyalgia rheumatica undergoing chronic treatment with methotrexate (20 mg/week) and methylprednisolone 5 mg. She presented a one-month history of epigastric pain and postprandial fullness and a five-month history of constitutional symptoms. She reported no drug exposure. The gastroscopy revealed focal antral gastritis and a fibrin-coated ulcer in the lesser curvature, without identifying *Helicobacter pylori*. The gastroscopy revealed focal antral gastritis and a fibrin-coated ulcer in the lesser curvature measuring 10–12 mm, with regular and oedematous folds. The pathology study revealed an ulcer with chronic gastritis with an interstitial inflammatory component and adjacent foveolar hyperplasia, without identifying *Helicobacter pylori*.

Treatment was started with esomeprazole 40 mg/12 h for six weeks resulting in clinical improvement, with food intolerance due to vomiting, anorexia, polymyalgia

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