Letters to the editor

AN ALTERNATE EXPLANATION OF PANCREATITIS IN PATIENTS ON ATYPICAL ANTIPSYCHOTIC MEDICATIONS

DEAR EDITOR:

A recent case report by Rashid et al[1] investigated and reported an instance of a patient developing pancreatitis and diabetic ketoacidosis while receiving quetiapine. The authors report that low doses of quetiapine may be associated with the development of pancreatitis and diabetic ketoacidosis. The authors also recommend monitoring amylase levels in patients receiving quetiapine, especially if it is being used in conjunction with another atypical antipsychotic medication. I would like to commend the authors for reporting on a rare but serious condition that might have tremendous implications on the practice of psychotherapeutics, considering the rising use of atypical antipsychotic medications. However, I would like to mention concomitant issues that might have contributed to the outcome of pancreatitis and diabetic ketoacidosis in this patient. This patient had a known case of polycystic ovarian disease, and in Rashid et al's assessment, she presented with mild obesity and hirsuitism. Considering that the patient was of childbearing age (30 years), it is possible that this patient had been receiving or was recently started on estrogen in the form of combined oral contraceptive pills before her acute clinical presentation. The authors do not specify if the patient was receiving estrogen. There is existing evidence in literature about the pancreatotoxic effects of estrogen[2] alone in addition to the usual culprit hypertriglyceridemia. It is believed that the acini in the pancreas have estradiol-binding proteins.[3] Theoretically estrogen increases lipid intake into pancreatic acini and can in turn lead to the destruction of pancreatic acini mimicking clinical picture of acute pancreatitis.[4] There are many risk factors for diabetic ketoacidosis and pancreatitis. This patient in particular had an elevated risk because of her preexisting polycystic ovarian disease and obesity. This case report highlights the risks associated with the umbrella use of atypical antipsychotics, alone or in combination. At this point in time, due to the lack of quality prospective data, we are restricted in our appreciation of therapeutics and adverse effects of atypical antipsychotic medications. It is essential that the patients be evaluated meticulously for their co-occurring medical illnesses and current medical management before considering initiating any psychotropic medication, atypical antipsychotics in particular.

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With regards,

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LETTERS TO THE EDITOR SUBMISSIONS

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AUTHOR RESPONSE

Dr. Prabhakar makes a good point about the effect of estrogen on the pancreas. We are unaware of any use of estrogen-containing medications by the patient described in our case report. However, we certainly agree that the use of estrogen must be taken into consideration when prescribing atypical antipsychotic medications.

With regards,

Javaid Rashid, MD

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