**Chronic Pancreatitis**

**Introduction**

Chronic pancreatitis entails the inflammation of the pancreas over an extended period. It is caused by excessive alcohol consumption, blockage or narrowing of the pancreatic duct, the buildup of mucus in the lungs (cystic fibrosis) and high calcium (hypercalcemia) and fat levels (hypertriglyceridemia) in the blood (Colledge, Nelson & Reed-Guy, 2017). However, of all these causes, the leading one has been established to be alcohol abuse, claiming about seventy percent of the cases. Chronic is the form of pancreatitis where the inflammation takes years to heal, or keeps recurring. The other type is acute, where the swelling comes out of the blues and does not take long to recover (Colledge, Nelson & Reed-Guy, 2017). The pancreas produces pancreatic enzymes that aid in the breakdown of foods, and insulin that assists in regulating blood sugar levels. Therefore, pancreatitis can have serious health implications such as diabetes, malnutrition, and indigestion.

**The onset of Chronic Pancreatitis**

Pancreatitis begins with minor symptoms such as abdominal pains. This pain can occur independently, but in some cases surfaces after meals (Huffman, 2017). The abdominal pains usually take several hours before they subsidize. Usually, it takes about eighty-one months for the diagnosis to be made after the onset. Alcoholism speeds up the diagnosis with consumers taking a shorter diagnostic period of approximately sixty-two months after the onset (Huffman, 2017). Signs that follow soon after include diarrhea, fatty stools, nausea, vomiting, weight loss, dehydration, and fatigue. As the ailment progresses, more complex symptoms manifest themselves in the form of internal bleeding, discoloration of the eyes and the skin, intestinal blockage and pancreatic juices in the stomach (Colledge, Nelson & Reed-Guy, 2017).

Figure 1: Diagram Illustrating the Onset of Chronic Pancreatitis and Resulting Symptoms (Purzuit.com- http://chronic-pancreatitis.purzuit.com/)

**Risk Factors**

There are several risk factors for chronic pancreatitis, or rather, factors that predispose one to pancreatitis. First and foremost is alcohol consumption. Smoking among alcoholics only serves to increase their chances of contracting the disease. A history of family members who have ailed in the past carries a higher probability of contraction (Colledge, Nelson & Reed-Guy, 2017). Age and gender are other risk factors. Associated with these two is the fact that men are more likely to ail from chronic pancreatitis than women, whereas the thirty to forty years old age bracket has been established to be the most sensitive (Colledge, Nelson & Reed-Guy, 2017). In about twenty percent of those who contract the disease, there are no known risk factors, making it a case of an idiopathic condition.

Figure 2: SmartArt Showing the Risk Factors and Causes for Chronic Pancreatitis (Brock C., Nielsen LM., Lelic D., Drewes AM. 2013 - https://www.wjgnet.com/1007-9327/full/v19/i42/7231.htm)

Figure 3: Pie Chart for Chronic Pancreatitis Risk and Causal Factors ([Afghani](https://www.pancreapedia.org/search/node/Elham%2BAfghani) E. 2015- https://www.pancreapedia.org/reviews/introduction-to-pancreatic-disease-chronicpancreatitis)

**Conclusion**

Chronic pancreatitis can be diagnosed using blood tests to check for pancreatic enzyme levels, stool samples, and imaging tests such as ultrasounds, X-rays, MRI and CT scans. Avoiding alcohol consumption and smoking are preventive strategies that fall under lifestyle changes (Colledge, Nelson & Reed-Guy, 2017). Treatment procedures include dietary measures, insulin treatment and surgery to fix the pancreas.

**References**

Colledge, H., Nelson, J., & Reed-Guy, L. (2017). Chronic Pancreatitis. Retrieved from <https://www.healthline.com/health/chronic-pancreatitis>

Huffman, J. (2017). Chronic Pancreatitis Clinical Presentation. Retrieved from https://emedicine.medscape.com/article/181554-clinical