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PANCREATIC INJURY AND ACUTE PANCREATITIS IN COVID-19 PATIENTS

Javier A. Cienfuegos^{1,2,3}, Ana Almeida¹, Daniel Aliseda¹

Departamento de Cirugía General. Clinica Universidad de Navarra. Facultad de

Medicina. Universidad de Navarra. Pamplona. España

Instituto de Investigación de Navarra (IdisNA). Pamplona. España

2.- Servicio de Apoyo a la Investigación. Clinica Universidad de Navarra. Universidad de

Navarra. Pamplona. España

3.- CIBER Fisiopatología de la Obesidad y Nutrición (CIBERobn). Instituto de Salud

Carlos III. Pamplona. España.

Correspondence: Javier A. Cienfuegos MD, PhD. E-mail: fjacien@unav.es

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Keyword: Acute pancreatitis. COVID-19. Immunothrombosis.

Dear Editor,

Apart from pulmonary manifestations, an increasing incidence of pancreatic

involvement and acute pancreatitis (AP) have been reported in COVID-19 patients. In

January 2021, a PubMed search using the terms "Acute Pancreatitis, COVID-19"

yielded a result including 94 studies.

Most of the studies refer to isolated cases or limited series (1) with the added difficulty

that some authors have considered as AP elevated lipase and/or amylase levels

without the diagnostic criteria for AP being met, as has been highlighted by Chivato et

al. (2) in relation to the case they report. Pancreatic involvement has been reported in

17 % of COVID-19 patients and AP in 1.8 %-2.0 % of these patients.

The etiopathogenesis of pancreatic involvement and AP due to the SARS-CoV-2

coronavirus remains unclear. It has been related to the cytopathic effect of SARS-CoV-

2 on exocrine (ductal and acinar) and endocrine cells (3). In these cells, high numbers

of angiotensin-converting enzyme 2 (ACE-2) receptors have been reported to be

present for which SARS-CoV-2 has a high affinity (4).



Other authors have linked these disorders to the systemic inflammatory response (the so-called cytokine storm) with increases in IL-6, IL-2, IL-8, tumor necrosis factor (TNF), gamma interferon, complement activation, macrophages and platelets. This response has been associated with the development of ischemic complications due to arterial or venous micro and macro thromboses in all organs (immunothrombosis) (4,5). It is noteworthy that AP has been reported in children with systemic inflammatory response syndrome.

Other possible causes are secondary to the drugs administered such as the corticoids the patient receives or transitory respiratory failure during admission to intensive care. It is worth noting that AP in COVID-19 patients has been associated with an increase in the Charlson comorbidity index, the incidence of multiorgan failure, persistence of organ failure and hospital mortality.

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