Pancreatitis after Propofol Administration: Is There a Relationship?

To the Editor — In the past 8 months at the hospital where I practice anesthesia, pancreatitis has developed in four patients after surgery. None of these cases involved abdominal surgery. In two of the patients, who were relatively healthy and nonalcoholic, aged 58 and 77 yr, respectively, respiratory distress syndrome developed after the onset of pancreatitis, and the patients died. The other two patients experienced several weeks of abdominal discomfort — nausea and vomiting, were diagnosed as having pancreatitis, and subsequently recovered.

These patients had in common induction of anesthesia with propofol followed by intravenous succinylcholine before tracheal intubation and desflurane for maintenance of anesthesia. I am not suggesting that these cases of pancreatitis were caused by any single drug or combination of drugs. However, I believe that anesthesiologists should be aware of these case reports, and should they treat any cases of pancreatitis, they should report them to the Food and Drug Administration.

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(Accepted for publication August 17, 1995.)

In Reply — Zeneca has evaluated all cases of pancreatitis reported in temporal association with the administration of Diprivan. As a result of this evaluation and a review of the scientific relationship between lipids and acute pancreatitis, we do not believe a causal relationship between Diprivan and the occurrence of acute pancreatitis is likely.

Although Wingfield mentions four cases of pancreatitis, he reported to Zeneca three cases of postoperative pancreatitis and indicated in his letter to Anesthesiology that the Food and Drug Administration (FDA) had ‘‘several reports’’ of acute pancreatitis associated with Diprivan. In discussion with the FDA, we determined that the total number of spontaneous reports of pancreatitis is eight. Three cases were from the intensive care unit, and five were postoperative. The cases from the intensive care unit were found to have contributory medical histories of biliary stones or alcohol abuse, two of the most common causes of pancreatitis. Of the five reports of postoperative pancreatitis, three were from Wingfield, and the others were from different sources. The estimated exposure to Diprivan is approximately 40 million anesthesia patients in the United States.

We were afforded the opportunity to visit Gastonia Hospital on April 6, 1995. Physicians from Zeneca reviewed the charts and records of the patients reported by Wingfield. We found that the patient undergoing hip replacement had a history of bilateral pedal edema, anemia, and increased triglycerides and underwent a 4-h procedure with 1,300 ml of blood loss and hemodynamic instability and, postoperatively, oliguric renal failure, metabolic acidosis, and renal dysfunc-

Anesthesiology, V 84, No 1, Jan 1996