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From Awareness to Action: Reducing Maternal Mortality from Pregnancy-Associated Acute Pancreatitis in Pakistan

Author Name¹, Author Name², Author Name³, Author Name⁴, Author Name⁵, Author Name⁶

		Authors' Contribution
1	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
2	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
3	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
4	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
5	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
6	Designation, Department of ???, Institution / Hospital / College / University, City Pakistan	Contribution in the study
Dr. Name of Author		
Correspondence: Designation, Department of ???, Institution / Hospital / College / University, City Pakistan		Submitted for Publication: xx-xx-20xx
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Dear Editor,

The purpose of writing this letter is to address a seldom discussed concern of Pregnancy Associated Acute Pancreatitis (PAAP). Pancreatic illnesses have become more prevalent, with about 3/10,000 women presenting with acute gestational pancreatitis either in 3rd trimester or a few weeks after giving birth. In the developed nations, the percentage of mothers dying due to PAAP has seen a significant decline from 37% to 3% owing to more awareness and better diagnostic or treatment modalities.¹ Yet Pakistan has a challenging performance with maternal and perinatal mortality still standing at 30.76% and 46%, respectively.²

Undiagnosed or untreated cholelithiasis is implicated in more than 70% cases, as pregnancy favors gallstone formation and the ensuing complications like acute pancreatitis.³ The incidence of acute pancreatitis increases with duration of pregnancy, as more than 50% women present in the 3rd trimester, a period corresponding with gallstone formation.⁴ Hypertriglyceridemia (more than 150mg/dL) is the second most common cause of PAAP in our setting, which in turn is due to supersaturated bile, as cholesterol secretion outdoes phospholipid or bile acid secretion throughout the 2nd and 3rd trimester. More recent studies have uncovered a genetic aspect, i.e., the SPINK gene, involved in the etiology. SPINK1 mutation and experiencing severe pancreatitis during pregnancy both raise the chance of unfavorable pregnancy outcomes.⁵

Quickly recapping the management, the 2nd trimester is recommended as the safest period; if a laparoscopic cholecystectomy is indicated, after balancing the pros and cons of general anesthesia.⁶ The role of Endoscopic Retrograde Cholangiopancreatography (ERCP) is debated. In a symptomatic patient (jaundice, cholangitis, pancreatitis), radiation-free ERCP should be performed in the 3rd trimester to prevent teratogenicity.⁷

Considering the demographics of our society, here are some suggestions to tackle this burning issue: Firstly, Pregnant women should be screened for high cholesterol levels, and if diagnosed following options should be advised: Lifestyle modifications like low fat diet, intake of omega 3 fatty acids, cessation of smoking or alcohol, control of associated risk factors like, diabetes mellitus and avoiding drugs as glucocorticoids or estrogen analogues. Secondly, Ultrasound, performed regularly during pregnancy, should also be evaluated for the gall bladder and bile ducts, especially in high-risk women. Thirdly, the SPINK Gene should be included in the genetic testing panel, and genetic testing should be advocated and encouraged.

Last but not least, government and health care authorities should work to raise awareness and promote early screening among females of reproductive age to prevent PAAP and reduce the high maternal mortality rate associated with it in Pakistan.

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