

Introduction:

Acute pancreatitis, characterized by severe abdominal pain and vomiting, is a serious condition with mortality rates ranging from 5 to 20%. The two primary causes are acute cholelithiasis and alcohol abuse, accounting for up to 80% of cases, while other contributors include hypertriglyceridemia, trauma, infections, and medications. Drug-induced pancreatitis (DIP) constitutes only 0.3 to 1.4% of cases. This report presents a rare case of metronidazole-induced pancreatitis.

Case Description:

A 42-year-old obese female with past medical history of hypertension and recent trichomoniasis sought emergency care for severe epigastric pain persisting for four days. The pain, sharp and aggravated by food, was accompanied by nausea and vomiting. Starting metronidazole a week earlier for vaginal discomfort, she experienced improved vaginal symptoms but developed epigastric pain and nausea after two days of metronidazole use (500 mg twice daily for four days). No history of pancreatitis, gallstones, NSAID use, or metronidazole-related issues was reported. Physical examination revealed mild epigastric tenderness, and elevated lipase at 241, while CT scans indicated peripancreatic fat stranding and a chronic staghorn calculus in the right kidney. Conservative management included IV fluids, pain medication, and a gradual diet reintroduction. After four days, symptoms improved, and the patient was discharged.

Discussion:

This case contributes to the limited literature on metronidazole-induced pancreatitis, overshadowed by more common causes like gallstones and alcohol use. Approximately 20 reported cases exist, with symptoms emerging 2-7 days post-metronidazole use. Diagnosis is supported by excluding common conditions and normal calcium/triglyceride levels. Elevated lipase and CT findings affirm acute pancreatitis. Management involves supportive measures, emphasizing early diet resumption for mild to moderate cases. This case underscores the necessity for clinician awareness and effective history-taking in considering drug-induced pancreatitis. Continued reporting is crucial for advancing understanding of mechanisms and risk factors associated with metronidazole-induced pancreatitis.