

# Research and Reviews: Journal of Medical and Health Sciences

## Commentary on “Acute Pancreatitis as Initial Demonstration of Drug- induced Vasculitis”

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### Commentary Article

Received: 08/05/2015  
Revised: 27/05/2015  
Accepted: 04/06/2015

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Keywords: Acute Pancreatitis, Drugs, Pancreas

### COMMENTARY

Researchers read with a great deal of interest the article ‘Acute Pancreatitis as Initial Presentation of Cocaine-Induced Vasculitis’ by Ogunbameru et al. [1] published in the March 2015 edition of JOP. Journal of the Pancreas. We appreciate the authors’ valuable contributions towards establishing the accuracy and presentation of cocaine-induced vasculitis.

The authors described a case of patient with acute pancreatitis and vasculitis induced with levamisole-contaminated cocaine. The patient admitted to drinking whiskey daily and urine toxicology was positive for cocaine and marijuana. After acute pancreatitis the patient developed acute renal failure and pauci-immune necrotizing glomerulonephritis was found on biopsy. Patient’s history had shown acute pancreatitis of alcoholic etiology (probably additionally precipitated by cocaine and marijuana) and that is a common cause of acute pancreatitis.

Pauci-immune glomerulonephritis caused by levamisole has been already described and is well known at the field of nephrology. In introduction and discussion, authors cited literature of Wegener's granulomatosis, Churg-Strauss syndrome etc. but in their biopsy there were no signs of mentioned diseases.

Authors presented an interesting which coincides with everyday clinical practice but there was no new information available in this case report. Authors reported that the therapeutic efforts were concentrated on the resolution of the kidney failure and presentation of the mild pancreatitis could be concomitant diagnosis, especially if consider positive effect from corticosteroid treatment.

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