

## References

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### Olanzapine-induced diabetes due to pancreatitis

Although the new antipsychotic drug olanzapine shares many pharmacological and clinical properties with clozapine, it is believed to have lesser side effects than the latter. Recently, new-onset diabetes, ketoacidosis and some cases of pancreatitis have been linked to olanzapine treatment.<sup>1</sup>

A 25-year-old man with paranoid schizophrenia had been treated with haloperidol for 4 years. When this resulted in marked extrapyramidal symptoms, haloperidol was slowly reduced and olanzapine treatment was started at 10 mg per day. After 22 months of olanzapine monotherapy he was admitted to hospital in poor physical condition with acute abdominal pain. He suffered from nausea, vomiting, polydipsia and polyuria. The abdomen was firm, distended and board-like with extensive guarding. Bowel sounds were not heard during auscultation.

Blood tests prior to beginning olanzapine therapy were normal. However, on admission to hospital, ALT was 130 IU/L (reference range: 10-41), random blood glucose was 283 mg/dL (75-110), total cholesterol 202 (0-200), triglyceride 301 mg/dL (0-200), calcium 5.5 mg/dL (8.6-10.6), glycosylated hemoglobin A1c 7.1% (4.8-6.0), C-reactive protein 390 mg/dL (0-10), amylase 130 IU/L (0-115), lactate dehydrogenase 450 U/L (80-240), leukocytes  $15.6 \times 10^9/L$  (3.5-11.0). He did not use alcohol, narcotics or other medication. CT scan showed swelling of the pancreas with enlarged, poorly defined borders.

The patient was transferred to the intensive care unit for management of acute pancreatitis, and olanzapine was discontinued. Although treatment resulted in clinical and laboratory amelioration of pancreatitis, the patient remained diabetic and is continuing insulin therapy.

Psychiatric patients may have substance abuse and alcohol consumption as well as trauma, cholelithi-

asis, hypercalcemia and other drugs as cause of pancreatitis. In our case we ruled out all other possible causes of acute pancreatitis. A few cases of olanzapine-induced pancreatitis have been reported earlier.<sup>1,2,3</sup>

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### Cherry pip bezoars causing acute small intestinal obstruction presenting as diabetic ketoacidosis

Most bezoars occur in patients who are mentally challenged. We report a patient who swallowed approximately fifty cherries with the pips under the mistaken impression that it would cure her diabetes.

A 35-year-old lady, a known diabetic on treatment, was brought to our hospital ketotic, with blood sugar level of 547 mg/dL. She was previously controlled on oral hypoglycemics. She had complained of abdominal pain and her relatives had mentioned she had eaten several cherries that day. On presentation she was tachynpeic and comatose but hemodynamically stable. She was intubated, resuscitated, and started on insulin-glucose infusion. Her blood sugar levels decreased over the next 8 hours. She was extremely tender in the abdomen. Bowel sounds were initially sluggish but later became exaggerated. Abdominal X-ray did not reveal any abnormality.

She was taken up for laparotomy twelve hours after presentation. On laparotomy about fifty cherry pips were found causing luminal obstruction at the terminal ileum. They were milked into the colon through the ileocecal valve, upon which the obstruction was relieved. She made an uneventful recovery. She admitted later to having eaten the cherries on the assumption that this would cure her diabetes.

Acute intraluminal occlusion causing small bowel obstruction is uncommon. Among the causes bezoars are the most common, usually in patients with depressive illness and psychiatric illness.<sup>1</sup> Bezoars have been described with undigested food and vegetable matter serving as nuclei.<sup>2</sup> Bezoars of vegetable matter causing obstruction have been