

## Chronic Pancreatitis: Laparoscopic Lateral Pancreatojejunostomy

Sharmin Alaf\*

Department of Medicine and Pathology, Rajshahi Medical University, Rajshahi, Bangladesh

\*Corresponding author: Sharmin Alaf, Department of Medicine and Pathology, Rajshahi Medical University, Rajshahi, Bangladesh, E-mail: asharmin@rmu.bd

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### About the Study

Chronic Pancreatitis (CP) is a disease of the pancreas in which recurrent inflammatory episodes result in replacement of the pancreatic parenchyma by fibrous connective tissue. This fibrotic reorganisation of the pancreas leads to progressive exocrine and endocrine pancreatic insufficiency. Patients with End Stage CP typically struggle with pain relief, stigmatization, unemployment, and depression and often have among the worst quality of life measures for any chronic disease. Progression of CP an increased risk of pancreatic cancer. Almost all treatment options for CP aim to combate pain, and only surgical interventions that have more pronounced and long lasting effect compared with, for example, endoscopic interventions, are most effective.

Laparoscopic surgical procedures today due to technological progress are actively used and implemented in pancreatic surgery, but their use in CP remains insufficient. The first report on the successful implementation of Laparoscopic Lateral Pancreatojejunostomy (LLPJS) was made by Kurian and Gagner in 1999. Today there are a small number of reports on the successful implementation of the LLPJS, with the largest number of operations 12 and 17 among two surgeons. The number of LLPJS performed in other surgeons, according to the publications by 2015, together did not exceed 50 operations. But assessments of the relevance and feasibility of LLPJS are limited by an abundance of publications and very controversial among known pancreatic surgeons. For the period 2016-2018, four attempts were made by the LLPJS on the basis of the Department of Surgery and Minimally Invasive Technologies, which was 16% among all patients with CP operated during this time. Among them were two women and two men, the average age was 42.6 years. Inclusion criteria were patients with CP disease without enlargement of the head of pancreas and dilatation of the main pancreatic duct over 10 mm (mean diameter 12 mm) and the presence of concerns only in its lumen, without biliary and portal hypertension.

Until recently it was believed that lateral pancreatic pancreatojejunostomy was emerged from the arsenal of surgical operations in the CP due to a high percentage (up to 15%-40%) of unsatisfactory results, the spread of duodenum-preserving resection of the pancreas and the emergence of other mechanisms for explaining pain other than central pancreatic duct hypertension. But there is a group of patients on the CP, which shows a fairly simple operation. These are patients with an enlarged major pancreatic duct without enlarging the pancreas head. Moreover, retrospective single-centered study in the Freiburg University Clinic, which included 224 patients, showed that a higher survival rate of post-operative pain was noted when the duration of the disease was over 3 years. Therefore, even in recent guidelines, understanding and treatment of chronic pancreatitis pain reveal that existing data on the timing of surgical treatment in patients with CP suggests early surgery, that is, within the first 2-3 years after the diagnosis or the onset of symptoms. Unfortunately, the situation with patients with CP is such that they have to address to a pancreatic surgeon after prolonged exhausting treatment with substitute enzyme preparations, after endoscopic or symptomatic operations. Therefore, the selection of patients, which is possible to perform LLPJS, is extremely difficult. The LLPJS itself is a technically uncomplicated procedure with sufficient laparoscopic surgery skills.

Thus, Laparoscopic surgery in the treatment of chronic pancreatitis is not widespread, but attractive and opens up new opportunities for "old methods". Laparoscopic lateral pancreatojejunostomy is a safe, effective and expedient operation, especially with "early chronic pancreatitis" without enlarging the head of pancreas, but requires a strict selection of patients and further research.