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A COMPARATIVE STUDY BETWEEN DUCT-TO-MUCOSA AND INVAGINATION TECHNIQUE FOR RECONSTRUCTION AFTER PANCREATICODUODENECTOMY

Ahmed Hussein Abdelhafez

University of Ain Shams, Egypt

Background: The pancreatojejunostomy has notoriously been known to carry a high rate of operative complications, morbidity and mortality mainly due to anastomotic leak and ensuing septic complications.

Patients & Methods: From Jan' 2012 to Oct' 2015, we presented a prospective study which included 24 patients who underwent pancreaticoduodenectomy (PD) operation through either Whipple resection or modified Whipple (pylorus-preserving). Patients were reviewed and divided into 2 groups (A, B) according to the type of pancreatojejunostomy (PJ) (invagination vs. duct-to-mucosa).

Results: 24 patients were operated on. Twelve patients in Group A had invagination technique for PJ, while the twelve patients in group B had duct-to-mucosa anastomotic technique for PJ. 1 (8.3%) case in group A developed pancreatic fistula (PF), while 3 (25%) cases in group B developed PF and 1 case (8.3%) in group A had mild anastomotic leak which was managed conservatively while 3 cases (25%) in group B developed moderate to severe anastomotic leak with intra-abdominal collection which required CT-guided percutaneous drainage and operative intervention. Average age was (mean \pm SD) = (55 \pm 12), average operative time was (245 \pm 75) min.

Conclusion: P fistula after PD represents an alarming trigger of potentially life-threatening complications. Although the best method for dealing with the pancreatic stump after PD remains controversial, many reports described that with the invagination technique; the rate of PF could decrease significantly compared to the duct-to-mucosa technique.

ahmadabdelhafez@yahoo.com