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EXTERNAL VERSUS INTERNAL PANCREATIC DUCT STENTING IN DUCT-TO-MUCOSA PANCREAICOJEJUNOSTOMY AFTER PANCREATICODUODENECTOMY

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Background: A pancreatic duct stent is often placed across the pancreaticojejunostomy after pancreaticoduodenectomy to decrease the incidence rate of postoperative pancreatic fistula. However, there are few reports in the literatures compared between external and internal pancreatic duct stents.

Methods: We conducted a prospective randomized study with 30 patients who underwent pancreaticoduodenectomy and compared the effects of using external stent versus internal stent in pancreaticojejunostomy on postoperative course, particularly on incidence of postoperative pancreatic fistula.

Results: The incidence rate of pancreatic fistula according to the International Study Group on Pancreatic Fistula criteria was significantly higher in external stent group (external, 26.7% vs. internal, 13.3%). In subgroup analysis of patients with soft pancreas, we found similar rates of pancreatic fistula in the two studied groups. The incidence of overall morbidity was similar between both groups while mortality was higher in external stent group. The mean postoperative hospital stay was not significantly different between the two studied groups.

Conclusions: Both external stent and internal pancreatic duct stents were safely used for pancreaticojejunostomy. Internal stent had less incidence of postoperative pancreatic fistula and simplifies postoperative management and it might be a better option than external stent in pancreaticojejunostomy after pancreaticoduodenectomy.

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