

## **SMIPN - Surgical management of infected pancreatic necrosis, a case series in a 4th level Hospital in Bogota - Colombia**

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Infected pancreatic necrosis as a serious complication of an acute pancreatitis, its a pathology with high rates of mortality and morbidity, however, the laparoscopic approach and minimally invasive managements shows an improvement in the results of the managment of this patients. In latinamerica, we don ´t have any research, that describes our population, for that reason, we can´t tell epidemiologic data of this pathology in our country.

**Aim:** The first aim of our study, its to describe our experience in the surgical management of the infected pancreatic necrosis in the period of time between 2014 to 2019. We search in the database of the general surgery service all the patients with pancreatitis and infected pancreatic necrosis that undergo surgical drenage, we use a cuantitative approach, retrospective in between 2014-2019. We have 320 patients with pancreatitis, and 30 patients with infected pancreatic necrosis (9.3% of incidence vs 10-15% compared with world literature), our mean age was 57 years, 70% of our patients were men. The open approach was 83%, with a high mortality rate with 43%. We observe, in terms of postoperative organ failure, an improvement with the laparoscopic approach (20% vs 4% with open approach).

**Conclusion:** We conclude that infected pancreatic necrosis, its still a surgical challenge, however, the laparscopic approach shows incredible results in terms of mortality, total hospital stay, ICU stay and mortality vs open approach. In our study, we observe a possible use of procalcitonin as a biomarker to predict mortality in those patients but, more prospective studies are necessary.

### **Biography**

Carlos Eduardo Rey Chaves, is a Medical doctor, graduated from the Universidad del Rosario in Bogotá, Colombia. In terms of research, he have more than 10 studies that were presented in Colombia, Argentina and USA and working in Hospital Universitario Mayor Mederi in hepatopancreatobilliary surgery.