

MINIMALLY INVASIVE AND ENDOSCOPIC METHODS OF TREATMENT OF POST-NECROTIC PSEUDOCYSTS OF PANCREAS

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Statement of the Problem: Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14,7 – 26,4 %.

The Purpose: The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of post-necrotic pseudocysts of pancreas.

Methodology & Theoretical Orientation: For diagnostics we used ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening. Endoscopic interventions were applied by duodenoscopes Olympus under control of x-ray machine siemens BV 300. Cystodigestive fistulas were created by prickly papilotoms. For providing of long passability of cystodigestive fistula we used two endoprotheses pig tail sized 10 Fr with length 5–6 sm. For transpapillary drainage we used pancreatic endoprotheses like pig tail, sized 5–7 Fr with length 5 sm.

Findings: In 62 (68,2%) patients were applied minimally invasive methods of treatment. Percutaneous external drainage in 33 (53,2 %) patients, endoscopic transmural drainage of post-necrotic pseudocysts in 11 (17,7%) patients. Combined endoscopic interventions were applied in 18 (29,1%) patients. Endoscopic transmural drainage with temporary stenting of pancreatic duct in 11 (61,1%) patients, endobiliary stenting with temporary stenting of pancreatic duct in 3 (16,67%) patients, temporary stenting of pancreatic duct in 3 (16,67%) patients, endoscopic transmural drainage with percutaneous external drainage in 1 (5,56%) patient.

Conclusion & Significance: Usage of combined minimally invasive methods of treatment of acute necrotic pancreatitis complicated by postnecrotic pseudocysts help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

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