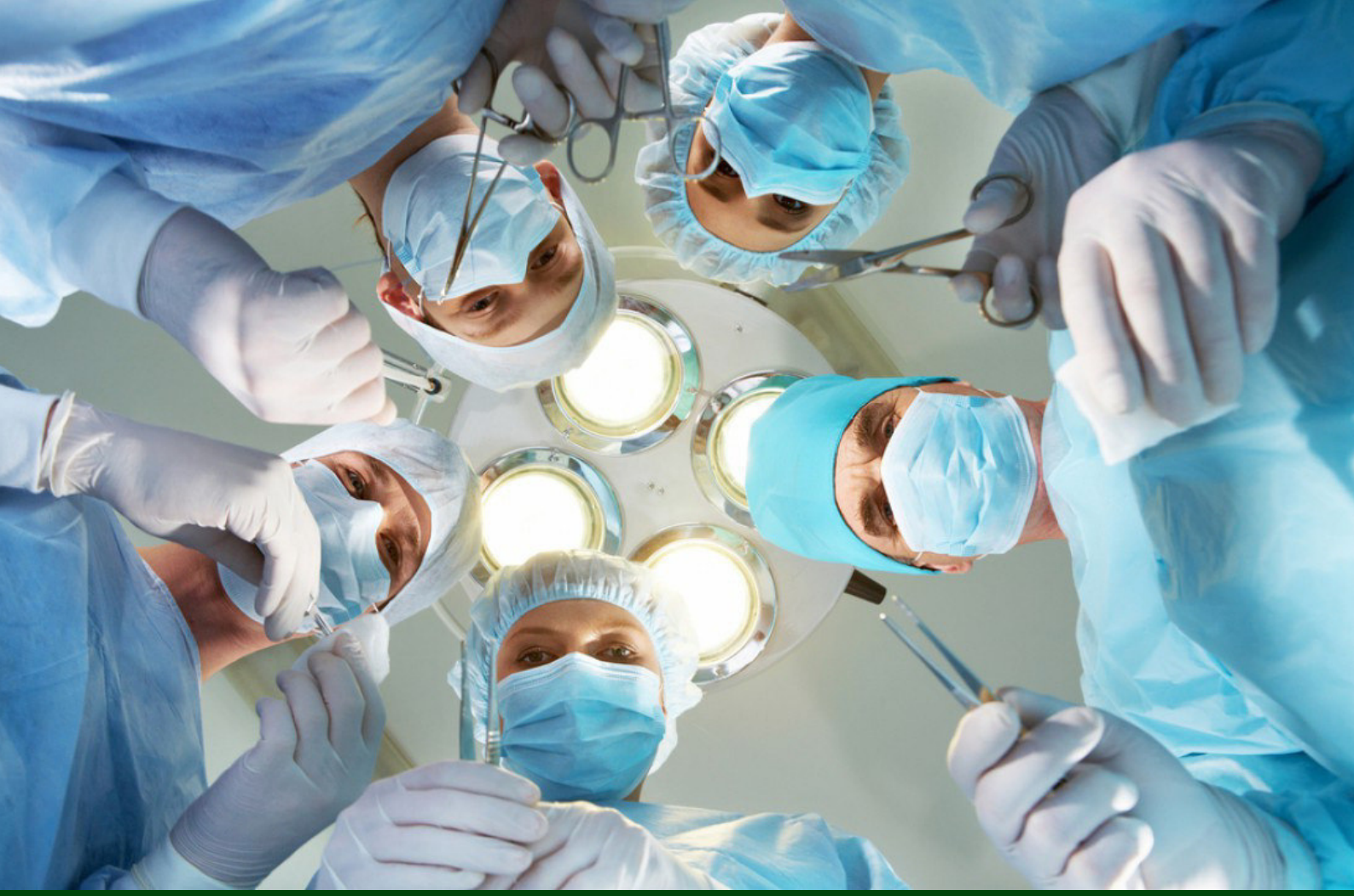

ABSTRACT BOOK

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TACTICS OF TREATMENT OF PANCREATIC FISTULAS

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Introduction. Treatment of external pancreatic fistulas still remains as an actual problem. A significant increase of the number of patients with this pathology is caused both by the increasing frequency of severe pancreatitis, and the increasing of the surgical activity and volume of the operations on the pancreas and accompanying complications for them.

Routine esophagogastroduodenoscopy (EGD) and colonoscopy can often be performed with minimal or moderate sedation; these sedation practices vary widely throughout the world. In the United States, more than 98% of EGDs and colonoscopies are performed with sedation. On the other hand, in many European and Asian countries, routine EGD is often performed under pharyngeal local anesthesia without intravenous sedation or general anesthesia, and colonoscopy is performed without sedation.

Materials and methods. A total of 24 patients with external pancreatic fistulas were examined. Of them, males 17, females 7. The ages of our patients ranged from 28 to 70 years. Tactics of treatment was determined by the degree of damage to the main pancreatic duct (MPD), which were determined of the fistulography or of the retrograde pancreatography by the results. Complete damage to EPF was detected in 13 patients, in 4 whom it has arisen after the performed pancreatoduodenal resection. Incomplete marginal damage of the duct was detected in 5 patients after pancreatic necrosis with the outcome in the suppuration cyst of the pancreas. An EPF after abdominal trauma was noted in 3 patients, in 2 patients after longitudinal pancreaticojejunostomy and in 1 patient the terminal EPF was formed after acute pancreatitis of the tail of pancreas. The duration existence of fistula from 2 months to 1 year.

Results of research. Recovered after conservative therapy has happened in 8 patients, in whose had incompletes EPF, which closed during for 1 – 1,5 months. The protocol of conservative therapy included: anti-inflammatory therapy, prevention of maceration of the skin, antisecretory therapy (H2 Blockers and proton pump inhibitors, sandostatin or octreotide), enzyme replacement therapy. Two patients with incompletes EPF were recovered by a sealing method, the sealing was produced with silicone elastomer (“pancreasil”). 16 patients were operated: on 9 of them had produced internal drain, on 4 - had produced intraperitoneal fistulojejunostomy and on 3 of them had produced left-sided pancreatectomy with fistula excision.

Conclusions. The choice of method of EPF treatment depends on the degree of damage to the MPD. Prevention of EPF, primarily depends on the pathogenetically substantiated conservative therapy of acute pancreatitis and improving of the technique of surgical operations on the pancreas.