

APPLICATION OF THE DIFFERENTIATED APPROACH IN TREATMENT OF PATIENTS WITH ACUTE DESTRUCTIVE PANCREATITIS

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Actuality: During the last decades there has been a note of a worldwide tendency to increase the incidence rate of the acute pancreatitis. Treatment of destructive forms of this disease presents certain difficulty that is determined by lack of clear criteria of treatment regimen choice and of an extent of surgical treatment.

Objective: To develop a treatment regimen for patients with acute destructive pancreatitis, applying a prediction algorithm of the development of complications and differentiated approach to the choice of a surgical treatment extent.

Materials and methods: In order to achieve the stated objective retrospective and prospective analyses of the medical histories of 214 patients having a complicated course of the acute destructive pancreatitis have been carried out in different periods from the moment of attack. These patients were in treatment in Kharkov regional clinical hospital from 2000 till 2012 (males – 172, females – 42). An average age was 42.4 ± 0.87 years old. For analyzing the results all patients were divided into three groups: the first group – 72 patients (from 2000 to 2004), received a traditional treatment; the second group – 100 patients (2004-2010), in their treatment the differentiated approach was applied using the developed methods of open surgery; the third group – 42 patients (2010-2012), their treatment consisted of the differentiated approach, mainly applying minimally invasive methods of surgical treatment. The division of the patients into groups according to the form of the disease and the variants of fluid accumulation was carried out in compliance with the classification of the acute pancreatitis, adopted in Atlanta (the USA) in 1992 and reconsidered by the Working group in 2007. To choose treatment regimen the prediction algorithms of the development of complications is used, designed with the application of such methods as decision trees and discriminate function analysis.

Obtained results: The first group (72 patients) 16 of were treated with “classical” methods of an internal and external drainage as well as conservative therapy according to conventional principles. The external drainage was applied in 45 cases in different modifications, and the internal drainage was applied in 10 cases with the patients having pseudocysts.

In the second group (100 patients) the differentiated approach was applied, using upgraded methods of surgical treatment: an internal drainage with a biological tamponade with the greater omentum (Pat. №8176 of July 15, 2005), *formation* of an *omentobursostoma* (Pat. №55229U of Dec. 10, 2010), an internal drainage of pseudocysts of the pancreas (Pat. №55919U of Dec. 27, 2010).

The third group of the patients (42 patients) was treated with the application of minimally invasive methods of the external (39) and internal (3) drainage under ultrasound and laparoscopic control.

The analysis of the results of a surgical treatment showed that the application of the differentiated method in treatment of patients with acute destructive pancreatitis made it possible to decrease the number of postoperative complications (from 55.4% to 19.2%) and postoperative mortality (from 9.7% to 5.0%). And the application of minimally invasive surgery in treatment of the pancreonecrosis led to a significant decrease of the number of complications (9.5%) and mortality (2.4%).

Conclusion: The application of the differentiated approach using minimally invasive techniques allows to decrease significantly the number of postoperative complications and practically to avoid the lethality in cases of the patients with the acute destructive pancreatitis.