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Minimally invasive and endoscopic methods of treatment of postnecrotic 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%.

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

Methodology & Theoretical Orientation: Ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening was used for diagnostics. Endoscopic interventions were applied by duodenoscopes “Olympus” under control of X-ray machine “Siemens BV 300”. Cysto-digestive fistulas were created by prickly papilotoms. For providing of long passability of cysto-digestive fistula were used two endoprotheses like “pig tail” sized 10 Fr with length 5-6 sm. For transpapillary drainage were used pancreatic endoprotheses like “pig tail”, sized 5-7 Fr with length 5 sm.

Findings: Miniinvasive methods of treatment were applied in 47 (66.2%) patients; percutaneous external drainage in 25 patients (53.1%), endoscopic transmural drainage of postnecrotic pseudocysts in eight (17.1%) patients. Combined endoscopic interventions were applied in 14 (29.8%) patients; in particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in nine (64.2%), endobiliary stenting with temporary stenting of pancreatic duct in two (14.2%) patients, temporary stenting of pancreatic duct in two (14.2%) patients, endoscopic transmural drainage with percutaneous external drainage in one patient.

Conclusion & Significance: Usage of combined miniinvasive 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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