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DEFINITION OF LOCAL RESECTION MARGINS IN PATIENTS WITH CHRONIC PANCREATITIS

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Introduction: Traditionally pacemaker of chronic pancreatitis (CP) are the head of the pancreas and Frey procedure are the standard approach in treatment of those patients. The aim of our investigation were to define stage and zone of pancreatic fibrosis as criteria to choose a type of surgical treatment of patient with CP.

Materials & Methods: The results of surgical treatment of 181 patients with CP complicated with pancreatic hypertension were submitted. According to TIGAR-O classification in 162 (90%) patients CP occur after attack of acute pancreatitis, and 172 (95%) patients were alcohol abused. According to Marcel – Rome classification calcification CP had 21 patients, obstructive – 34, inflammation form – 2, fibrosis – 12, cyst – 112.

In 37 patients during surgery procedure, we check a tissue resistant pressure (TRP) with Stryker tissue pressure monitor and pressure inside the main pancreatic duct. Histologically fibrosis define into four stages according to Stolt (1987).

In 37 patients Frey procedure were done in 6, Frey-Izbicki (patent of Ukraine 103273 from 25.09.13) in 26, pancreatoduodenal resection in 5.

Results: In all cases TRP was highest in the place of pancreatic duct stricture (>200 mm.Hg), as in other parts of the pancreas it decrease till 120 mm.Hg and lower. Ductal pressure was increased only in 22 (59,5%) patients. All patients histologically had 4 grade of fibrosis in the stricture place, and there was clear correlation with TRP and histological fibrosis grade. TRP was >200 mm.Hg in the head of the pancreas only in 30 (81,1%) patients. In 7 patients location of the stricture were in the place between the pancreatic head and neck and TRP in that place proved zone of severe fibrosis. Patient with calcification (head – 6, total – 8) and obstructive CP (increased of the main duct like a chine of lakes – 8 patients) had TRP as high as >200 mm.Hg in all part of the pancreas indicating the total pancreatic fibrosis.

Conclusion: The pacemaker of CP should be considered as zone of maximal fibrosis that not always located in the pancreatic head. Therefore, surgical procedure should not only decrease ductal pressure and make local resection of the head of the pancreas but wide excision of the pancreatic stricture with the opening of the secondary and tertiary ducts (Frey-Izbicki procedure). Moreover, excision should performed in zone of maximal TRP (>200 mm.Hg), but in place TRP lower 120 mm.Hg it is enough to do simple draining procedure.

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