

## Type of surgical procedure in patients with chronic pancreatitis depending on stages of fibrosis

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### Objectives:

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.

### Methods:

The results of surgical treatment of 181 patients with CP complicated with pancreatic hypertension were submitted. In 37 of patients with calcification and multiple strictures, we check a tissue resistant pressure (TRP) with Stryker tissue pressure monitor and pressure inside the main pancreatic duct. In 37 patients Frey procedure were done in 6, Frey-Izbicki in 26, pancreatoduodenal resection in 5.

### Results:

In all cases TRP was highest it 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 severe fibrosis in the stricture place. 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 main pancreatic duct with multiple strictures – 8 patients) had TRP as high as >200 mm.Hg in all part of the pancreas indicating the total pancreatic fibrosis.

### Conclusions:

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