

CHRONIC PANCREATITIS: DIFFERENTIAL THERAPEUTIC APPROACH IN CORRELATION WITH THE MAIN ANATOMO-CLINICAL FORMS

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Introduction More than 70 years after the issuance of the modern concept of chronic pancreatitis (CP), it remains a controversial disease and uncertainties generated by serious and unpredictable evolution.

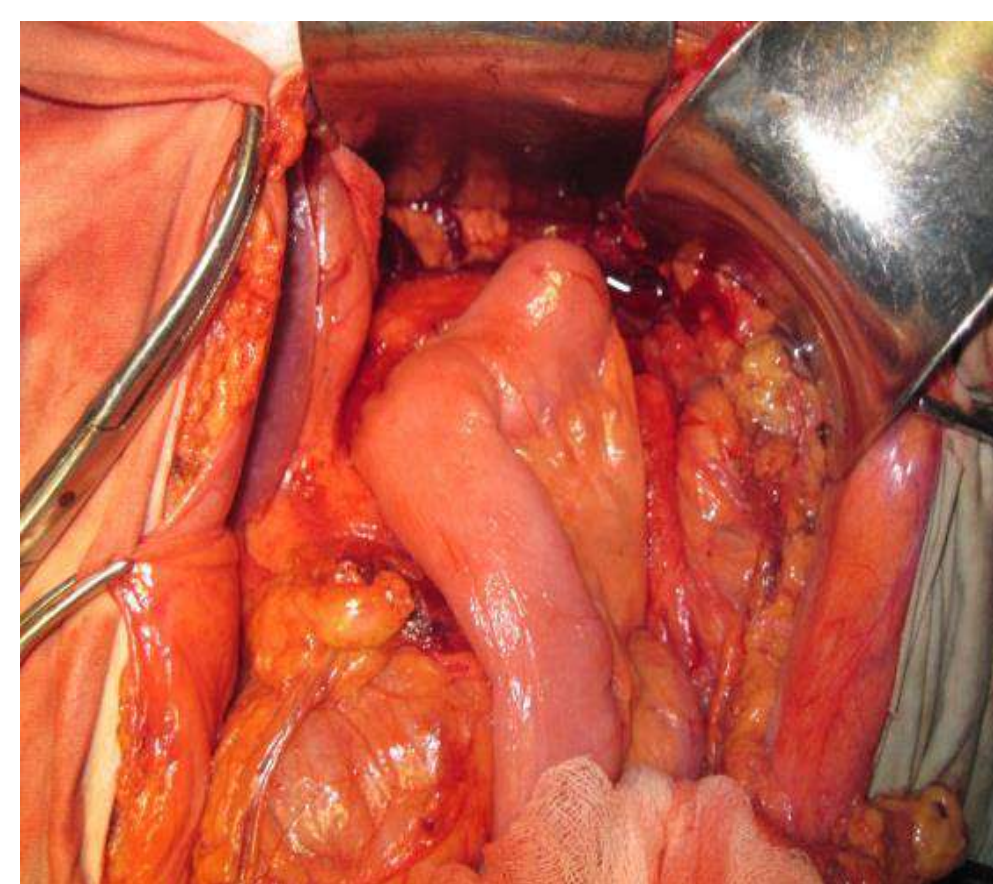
Keywords. Chronic pancreatitis, surgical treatment, complications.

Purpose. Evaluation of modern therapeutic strategies correlated with the main forms of clinical anatomy of chronic pancreatitis.

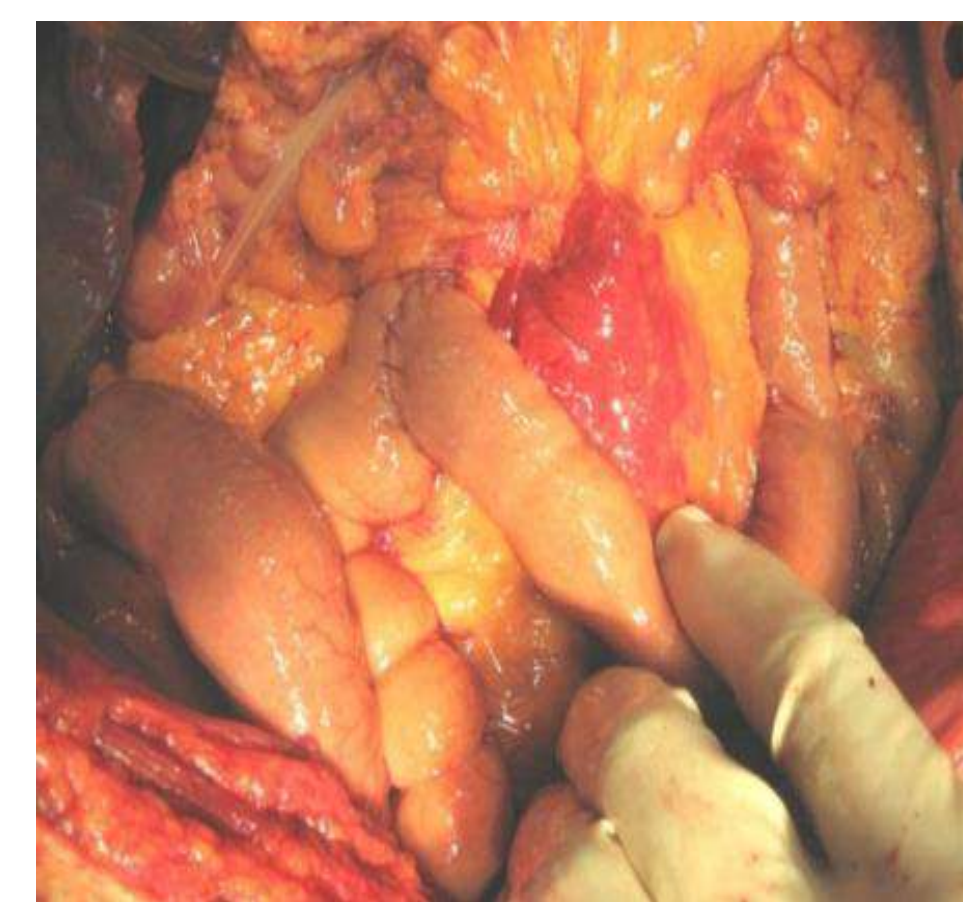
Material and methods. The study presents the results of the surgical treatment applied to 502 patients with CP, during the years 1992-2019 in the Surgery Clinic no. 2.

Results. Applied surgeries: pancreatojejunostomy (PJS) on Roux loop-137 (27.3%) cases, cystpancreaticojejunostomy (CPJS) on Roux loop-203 (40.4%) cases; external drainage of PP-69 (13.6%) cases; eco-guided drainage of PP-10 (2.0%) cases, choledochojejunostomy (CJS) on bispicular Roux loop – 8 (1.6%) cases, CPJS, CJS on bispicular Roux loop – 33 (6, 6%) cases, CJS on Roux loop-32 (6.4%) cases, DPC-4 (0.8%) cases, caudal pancreatic resection with PJS -3 (0.6%) cases, endoscopic stenting of WD- 2 (0.4%) cases, enucleation of PP-1 (0.2%) case, thoracoscopic splanhnictomy- 20(40.0%) cases. Complications- 63 (12.6%) cases. Zero postoperative lethality.

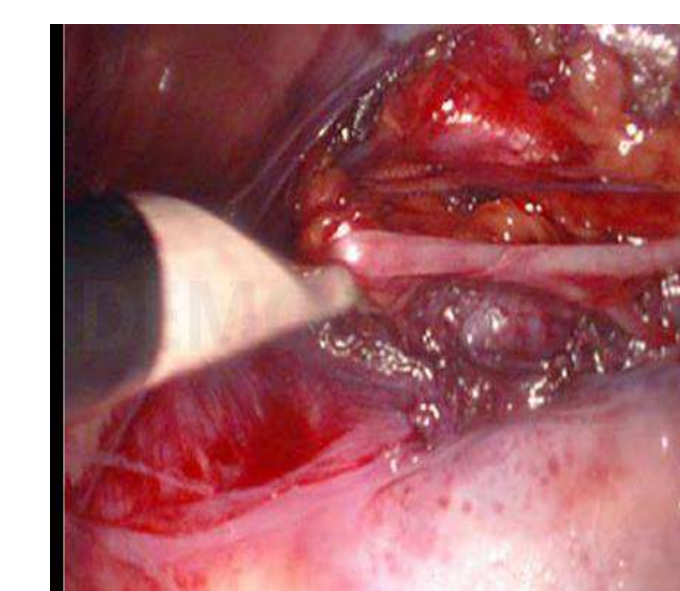
Conclusions. Modern acquisitions of intensive care, diagnosis and treatment (including minimally invasive) coordinate with the experience gained over several decades of observation of the disease, led to the application of a differential therapeutic approach in correlation with the main anatomo-clinical form of the disease.



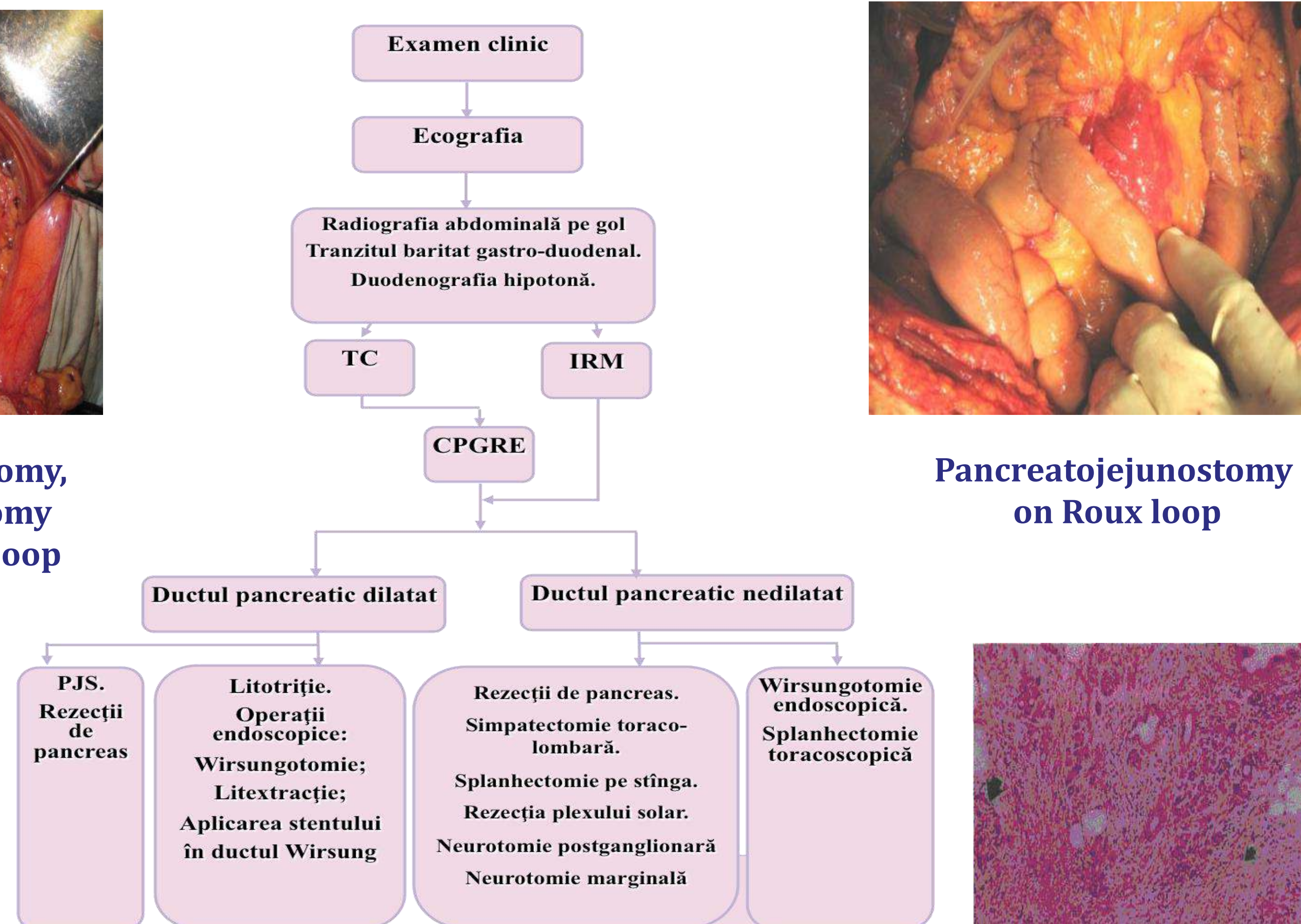
Choledochojejunostomy, Pancreatojejunostomy on bispicular Roux loop



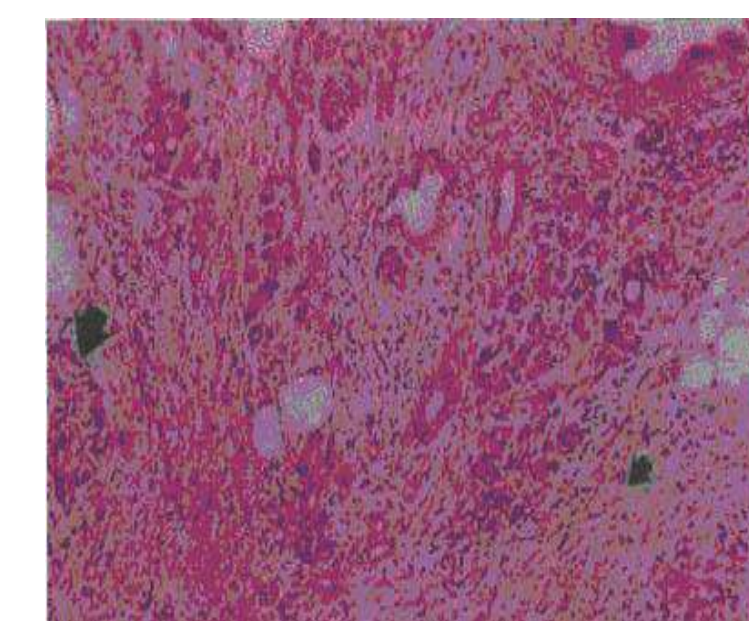
Pancreatojejunostomy on Roux loop



Thoracoscopic splanhnictomy



Diagnostic-curative algorithm of the CP



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