

67. THE CURRENT SURGICAL ATTITUDE IN THE TREATMENT OF CHRONIC PANCREATITIS

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Introduction. Chronic pancreatitis is commonly defined as a continuing, chronic, inflammatory process of the pancreas, characterized by irreversible morphologic changes.

Aim of study. Evaluation of methods applied in the treatment of chronic pancreatitis

Methods and materials. A retrospective study was performed on the treatment methods applied to 80 patients with chronic pancreatitis, carried out during 2012-2020 within the Surgery Clinic No.2.

Results. The surgical approach includes drainage procedures in cases of dilated duct and resection procedures for narrow ducts. Surgeries performed: cystopancreatojejunostomy (CPJS) on the loop by Roux 42(52,5%) cases, external drainage of PP13 (16,25%) cases, eco-guided drainage of PP-11 (13.75%) cases, choledocojejunostomy on a speculate loop by Roux 7(8,75%) cases, caudal pancreatectomy with pancreaticojejunostomy, splenectomy 3(3,75%) cases, enucleation of pancreatic cyst – 3(3,75%) cases, DPC-1(1,25%)cases. The patients' evolution was favourable in 50 (62,5%) cases. The rate of early complications - 23 (28,75%) cases, late complications-15 (4,32%) cases reason for 4 (5%) of them required a new classical surgery and 3 (3,75%) a minimally invasive. No case of postoperative death has been reported.

Conclusion. Surgical treatment of PC has a high success rate, but must be individualized in relation to the anatomical features, pain characteristics, endocrine and exocrine functions of the pancreas, concomitant pathologies.