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Aim of study. To analyze the results of pancreaticoduodenal resection(PDR) performed in patients hospitalized in an emergency.

Materials and methods. Retrospective-prospective study, 2016-2021, 27 patients undergoing Whipple surgery, gender ratio=2.5:1, age 58,6±8,1 years. Cause of admission: jaundice 19 (70,4%) and intraabdominal mass 8 (29,6%). Diagnosis was established by CT 22 (81,5%) cases, MRI 3 (11,1%), and ERCP 12 (44,2%). Two groups were analyzed: **group I** – PDR with preoperative stenting, and **group II** – PDR without preoperative biliary decompression.

Results. The rate of PDR in patients with cephalic PT hospitalized in an emergency was 16,6% (n=27). **Group I** – 8 (29,6%), age 57,5±6,2 years, bilirubin level on admission 218,8±65,7 mmol/l; endoscopic stenting performed within the first 5 days after hospitalization, time period from biliary decompression to surgery 12,0±6,54 days, duration of intervention 346,5±37,8 min, hospital stay 29,8±12,5 days, including ICU – 6 days. In one case right hemicolectomy was performed. Specific postoperative complications – 4 (50%), postoperative mortality – 2 (25%). **Group II** – 19 (70,4%), age 58±9 years, bilirubinemia on admission 82±13,5 mmol/l, duration of surgery 322,3±55,5 min, hospital stay 30,6±14,8 days, including ICU – 8±3,2 days, postoperative complications – 8 (42,1%), postoperative mortality – 2 (10,5%): died at 12th and 56th day due to intra-abdominal septic complications.

Conclusions. The rate of radical surgery in patients with cephalic PTs hospitalized in an emergency remains low due to late diagnosis, the jaundice being the most common cause of admission. Preoperative endoscopic stenting is frequently performed in patients with severe cholestatic syndrome (bilirubinemia>200 mmol/l). Postoperative mortality rates in the studied groups were similar; significantly higher duration of hospital stay and postoperative morbidity were registered in patients undergoing pancreaticoduodenal resection.

Keywords. Pancreatic tumor, jaundice, biliary decompression, pancreaticoduodenal resection

REZULTATELE TRATAMENTULUI TUMORILOR PANCREATICE CEFALICE SPITALIZATE ÎN URGENȚĂ



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Scop. Analiza rezultatelor tratamentului chirurgical (paliativ și rezecțional) la pacienții cu tumori pancreatice (TP) cefalice spitalizați în urgență.

Materiale și metode. Studiu retrospectiv-prospective, 2016-2021, 185 pacienți cu TP, B:F/1:1, vârsta medie 62,8±12,7 ani. Adresarea a fost determinată de icter în 121 (65,5%) cazuri, formațiune intraabdominală – 41 (22,2%), abdomen acut – 23 (12,4%). Diagnosticul s-a stabilit: la 147 (79,5%) – prin TC; la 14 (7,6%) – prin RMN și la 102 (55,1%) – la CPGRE. În 163 (88,1%) cazuri TP era localizată cefalic, în 22 (11,9%) – corporeo-caudal (excluzi din studiu). În 14,7% cazuri (24 pacienți cu tumora cefalică) s-a refuzat orice procedura terapeutică. Pacienții s-au repartizat în trei loturi: lot.I – stentare biliară la CPGRE sau transparietohepatică (87), lot. II – derivație biliodigestivă (25), lot. III – rezecție pancreaticoduodenală (27).

Rezultate. **Lotul I** – 87 (62,6%) cazuri, vârsta m=65,6±11,7 ani, bilirubinemia m=222±122 mmol/l, durata spitalizării m=10,7±6,4 zile, mortalitatea p/op – 9 (10,3%). **Lotul II** – 25 (18%) cazuri, vârsta m=61,2±10,9 ani, bilirubinemia m=86,0±17,0 mmol/l, durata spitalizării m=21,2±10 zile, mortalitatea p/op – 4 (16%). **Lotul III** – 27 (19,4%) pacienți, vârsta m=57,9±8,1ani, bilirubinemia m=127±53 mmol/l, 8 (29,6%) cazuri au fost stentați preoperator (bilirubinemia m=218,8±65,7 mmol/l), durata spitalizării m=30,2±13,8 zile, mortalitatea p/op – 4 (14,8%).

Concluzii. Examenul imagistic (TC cu angiografie și/sau RMN) este de prima intenție în diagnosticul și stabilirea tacticii chirurgicale pentru TP. Stentarea căilor biliare este o soluție frecvent aplicată pentru rezolvarea icterului în TP cefalice. Rata operațiilor rezecționale cu viza de radicalitate rămâne sub limitată mondială raportată din cauza diagnosticului tardiv și simptomatologiei nespecifice.

Cuvinte cheie. Tumora pancreatică, decompresie minim-invasivă, derivație biliodigestivă, rezecție pancreatică

RESULTS OF THE TREATMENT OF PANCREATIC CEPHALIC TUMOURS HOSPITALISED THROUGH AN EMERGENCY

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Aim of study. To analyze the outcomes of surgical treatment (palliative and radical) in patients with cephalic pancreatic tumors (PTs) admitted to hospital through an emergency.

Materials and methods. Retrospective-prospective study, 2016-2021, 185 patients with PT, gender ratio 1:1, mean age 62,8±12,7 years. Cause of admission: jaundice 121 (65,5%) cases, intraabdominal mass 41 (22,2%), and acute abdomen 23 (12,4%). Diagnosis was established by CT in 147 (79,5%), MRI 14 (7,6%), and ERCP 102 (55,1%). In 163 (88,1%) cases PT was localized cephalic, in 22 (11,9%) - corporeal-caudal (excluded from the study). In 14,7% cases (24 patients with cephalic tumor) any therapeutic procedure was refused. Patients were divided into three groups: group I – minimally invasive decompression (87), group II – biliodigestive bypass (25), group III – pancreaticoduodenal resection (27).

Results. **Group I** – 87 (62,6%) cases, age m=65,6±11,7 years, bilirubin level m=222±122 mmol/l, hospital stay m=10,7±6,4 days, mortality – 9 (10,3%). **Group II** – 25 (18%) cases, age m=61,2±10,9 years, bilirubin level m=86±17 mmol/l, hospital stay m=21,2±10 days, mortality – 4 (16%). **Group III** – 27 (19,4%) patients, age m=57,9±8,1 years, bilirubin level m=127±53 mmol/l, in 8 (29,6%) cases preoperative stenting was performed (bilirubin level m=218,8±65,7 mmol/l), hospital stay m=30,2±13,8 days, mortality – 4 (14,8%).

Conclusions. Imaging examinations (CT with angiography and/or MRI) are the first option in diagnosis and determining surgical tactics for PTs. Bile ducts stenting is commonly applied in patients with jaundice. The rate of radical surgery remains below the reported world rate because of late diagnosis and non-specific symptoms.

Keywords. Pancreatic tumor, minimally invasive decompression, biliodigestive bypass, pancreaticoduodenal resection