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PANCREATECTOMIA CENTRALA - REEVALUAREA INDICATIILOR**Dumitrascu T., Stroescu C., Tomulescu V., Ionescu M., Popescu I.***Institutul Clinic Fundeni, Bucuresti*

Pancreatectomia centrala a fost propusa ca o tehnica de rezectie pancreatica alternativa la rezectiile standard (duodenopancreatectomia cefalica si pancreatectomia distala) pentru leziuni situate la nivelul istmului si corpului de pancreas. Principalul avantaj este reprezentat de conservarea atat a functiei exocrine cat si a celei endocrine a pancreasului. Dezavantajul major este reprezentat de morbiditatea postoperatorie crescuta, reprezentata in principal de fistula pancreatica. Cele mai frecvente indicatii ale pancreatectomiei centrale sunt reprezentate de tumorile benigne si cu potential redus de malignizare. Chiar daca acest procedeu chirurgical este contraindicat in carcinomul ductal de pancreas, totusi, o serie de alte malignitati speciale ale pancreasului cum ar fi metastazele pancreatice ale altor neoplazii sau pancreatoblastomul pot beneficia, in anumite situatii, de acest tip de interventie chirurgicala. Desi nu este o procedura chirurgicala foarte frecvent utilizata, pancreatectomia centrala, isi gaseste locul in arsenalul rezectiilor pancreatice.

CENTRAL PANCREATECTOMY - INDICATIONS REVISITED

Central pancreatectomy has emerged as a pancreas-sparing alternative technique to standard pancreatic resections (i.e. pancreatico-duodenectomy and distal pancreatectomy) for pancreatic lesions located to the isthmus and body. The main advantage is related to a better preservation of both exocrine and endocrine pancreatic functions. Conversely, the major concern is related to the high postoperative morbidity, mainly related to the postoperative pancreatic fistula rate. The most frequent reported indications for central pancreatectomy are represented by benign and low-malignant lesions of the pancreas. Although central pancreatectomy is not indicated for ductal adenocarcinoma of the pancreas, however, for certain special malignancies of the pancreas (i.e. metastasis to the pancreas of others neoplasia, pancreatoblastoma), central pancreatectomy has been proven to be a safe operation. Although central pancreatectomy is not a frequent operation, it should be included in pancreatic surgeons' armamentarium for certain indications.

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**TRATAMENTUL CHIRURGICAL AL PANCREATITEI CRONICE:
O EXPERIENTA DE 14 ANI A UNUI SINGUR CENTRU****Stroescu C., Dima Simona, Scarlat Andra, Bouaru O., Ionescu M., Popescu I.**

Tratamentul chirurgical al pancreatitei cronice este indicat lapacientii cu durere persistentă în ciuda tratamentului medicamentossau endoscopic, sau în cazul prezentei complicatiilor.Obiectiv: Acest studiu evaluează experienta unui singur centruîn ceea ce priveste managementul chirurgical al pancreatitecronice pe o perioadă de 14 ani, cu privire la indicatie,tehnica chirurgicală, rezultate imediate si tardive.Material si metodă: Au fost studiatii 265 de pacienti ce au suferit interventii chirurgicale pentru pancreatita cronicăîntre anii 1995 si 2008. Rezultatele tardive postoperatorii au fost evaluate prin sondaj direct, cu o urmărire mediană de 40de luni.Rezultate: 265 de pacienti au suferit 275 de interventii chirurgicale pentru pancreatita cronică având ca indicatieprincipală durerea abdominală (46,8%), urmată de suspiciuneade malignizare 24,8 % si episoade de pancreatită acutărecurentă 18,6%. Rezectii 54,5% (150), proceduri de drenaj1,09% (3), derivatii, proceduri de neuroliză 44,36% (122) silaparotomii exploratorii 3,27% (9) au fost efectuate cu omorbiditate totală de 22 % si o mortalitate imediată de 2,64%.După o urmărire mediană de 40 de luni s-au obtinut informatii pentru 137 de pacienti (51,69%) cu o supravietuire actuarialăla 5 ani de 74,7% si îmbunătățirea calitatii vietii la majoritateapacientilor, în special la pacientii rezecati. Concluzie: Rezultatele noastre sugerează ca în cazul pancreatitecronice tipul interventiei chirurgicale trebuie individualizat(rezectie vs drenaj) si operatiile conservatoare (organ sparing)sunt eficiente si sigure in tratamentul pe termen lung al dureriisi al complicatiilor pancreatitei cronice

**SURGICAL TREATMENT OF CHRONIC PANCREATITIS A
14 YEARS SINGLE CENTER EXPERIENCE**

Background: Operative treatment of chronic pancreatitis is indicated for patients with intractable pain after failed medical and endoscopic treatment, or in the presence of complications of the disease. Aims: This study evaluates a single-center experience with operative management of chronic pancreatitis over a period of time of 14 years, regarding indication, surgical technique, early and late results. Patients and Methods: The records of 265 consecutive patients who underwent surgery for chronic pancreatitis between 1995 and 2008 were retrospectively reviewed and analyzed. Long-term outcomes were assessed by patient survey, with a median follow-up of 40 months. Results: 265 patients underwent 275 operations for chronic pancreatitis with the main indication abdominal pain (46.8%), followed by suspected malignancy in 24.8% and recurrent episodes of acute pancreatitis in 18.6%. Resection procedures 54.5% (150), drainage procedures 1.09% (3), bypass and denervation procedures 44.36% (122) and exploratory laparotomy 3.27% (9) were performed with an overall morbidity of 22% and an in-hospital mortality rate of 2.64%. After a median follow-up of 40 months survival information was available for 137 patients (51.69%) with a corresponding author: 225- and actuarial survival rate of 74.7% and quality of life improvement in most patients, especially in the resected group. Conclusion: Our results suggest that in chronic pancreatitis the type of surgery has to be individualized in each patient (resection VS drainage) and organ preserving operations are safe and effective in providing long-term pain relief and in treating CP-related complications