

Pancreatic pseudocyst- surgical strategy and management

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Introduction: Surgical management of patients with pancreatic pseudocyst remains a difficult problem, the causes being obscure pathogenesis, unpredictable evolution, high lethality in cases of development of serious complications, controversies in diagnosis criteria and therapeutic options.

Material and methods: The study presents the results of the surgical treatment applied to 347 patients with pancreatic pseudocyst, carried out during the years 1992-2020 in the Surgery Clinic No.2, IMSP SCR „Timofei Moșneaga”

Results: Surgeries performed: cystopancreatojejunostomy (CPJS) on the loop by Roux 215(61,96%) cases, external drainage of PP 10 (2,88%) cases[fig.1], choledocojejunostomy on a speculate loop by Roux 37(10,66%) cases[fig.2], caudal pancreatectomy with pancreaticojejunostomy, splenectomy 5 (1,44%) cases[fig.3], enucleation of pancreatic cyst – 1 (0,29%) case, cephalic duodenopancreatectomy – 2 (0,58%) cases[fig.4].

Keywords: chronic pancreatitis, surgical treatment, complications

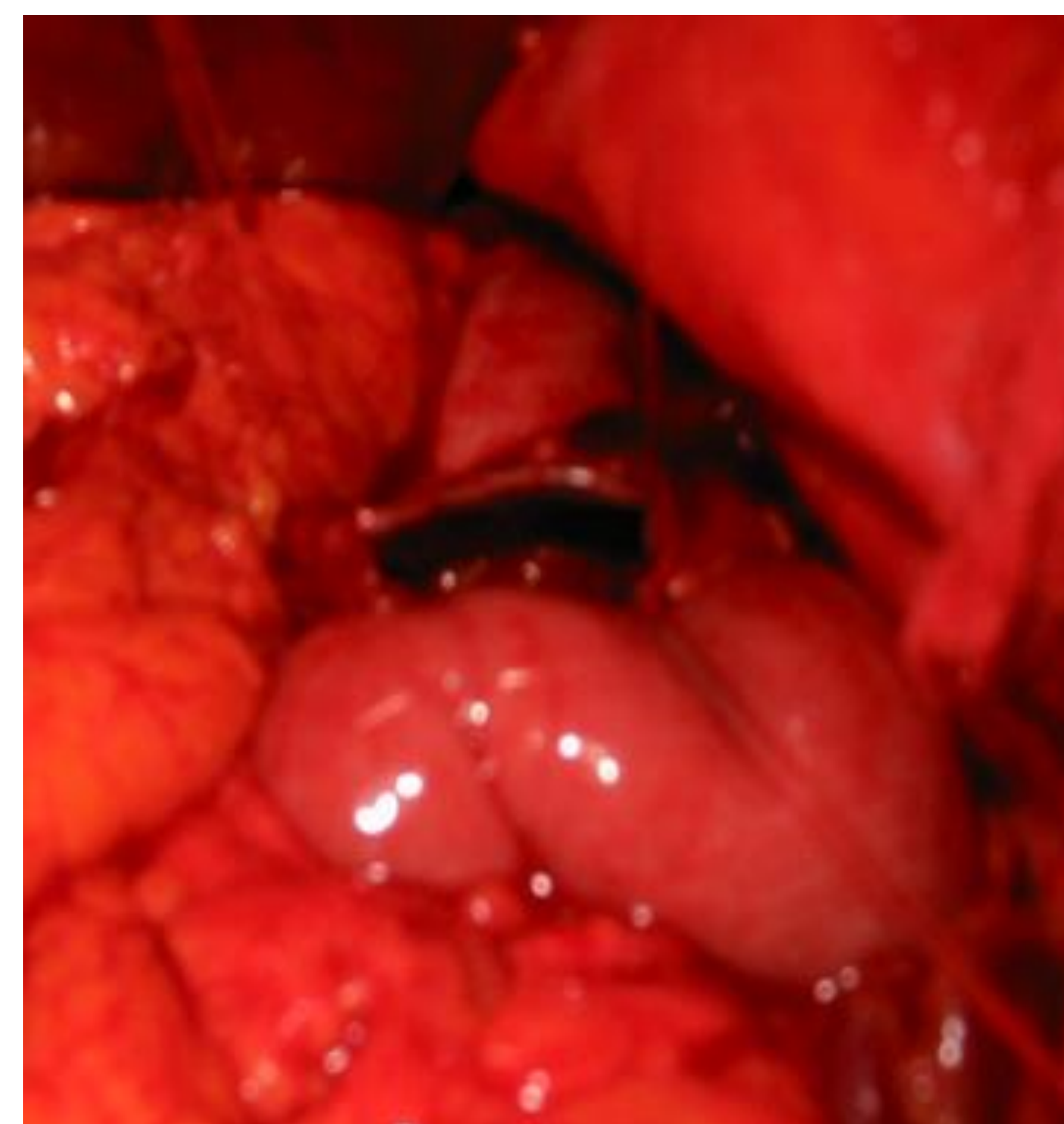


Fig.1 cystopancreatojejunostomy (CPJS) on the loop by Roux

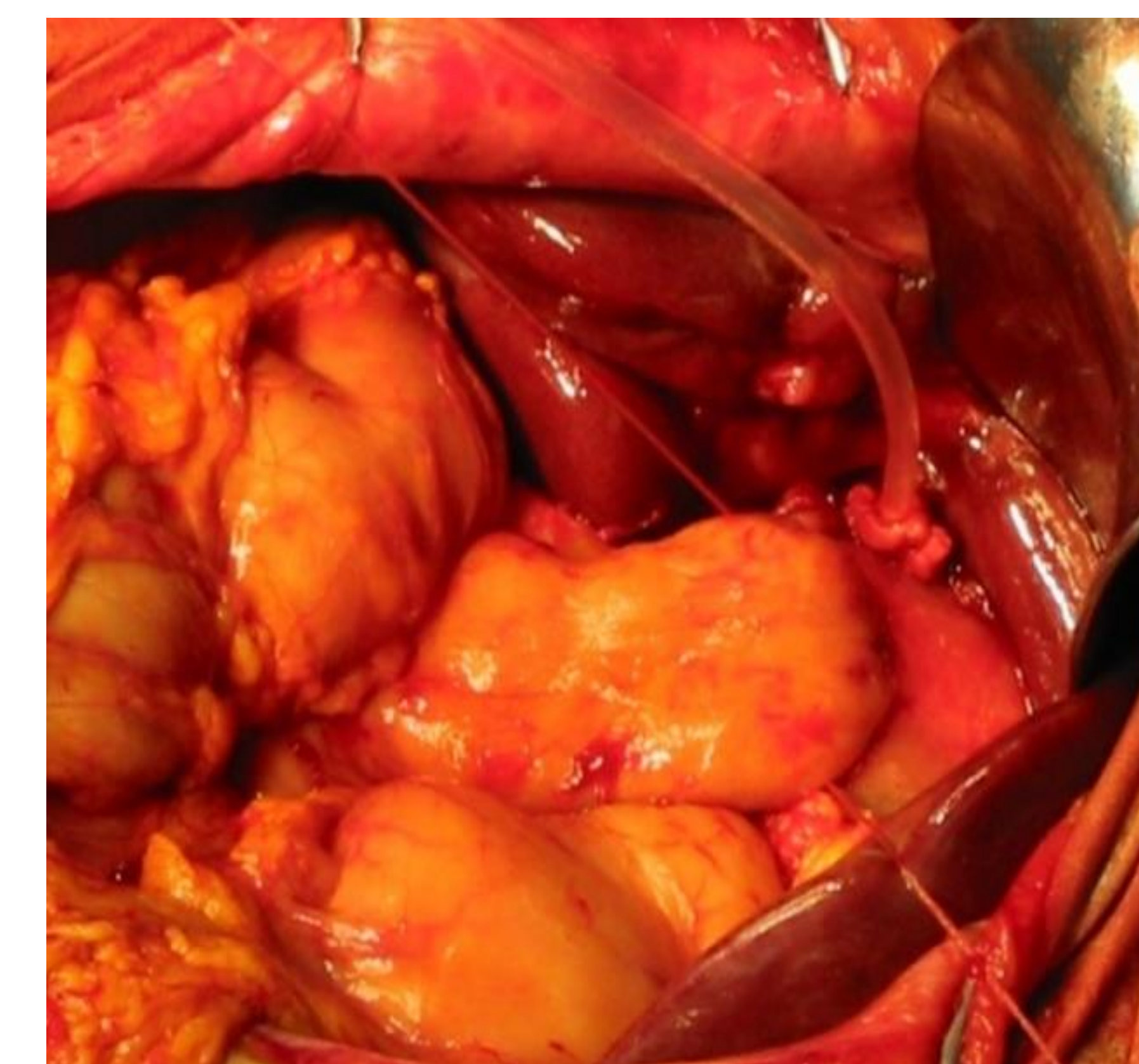


Fig. 2 choledocojejunostomy on a speculate loop by Roux

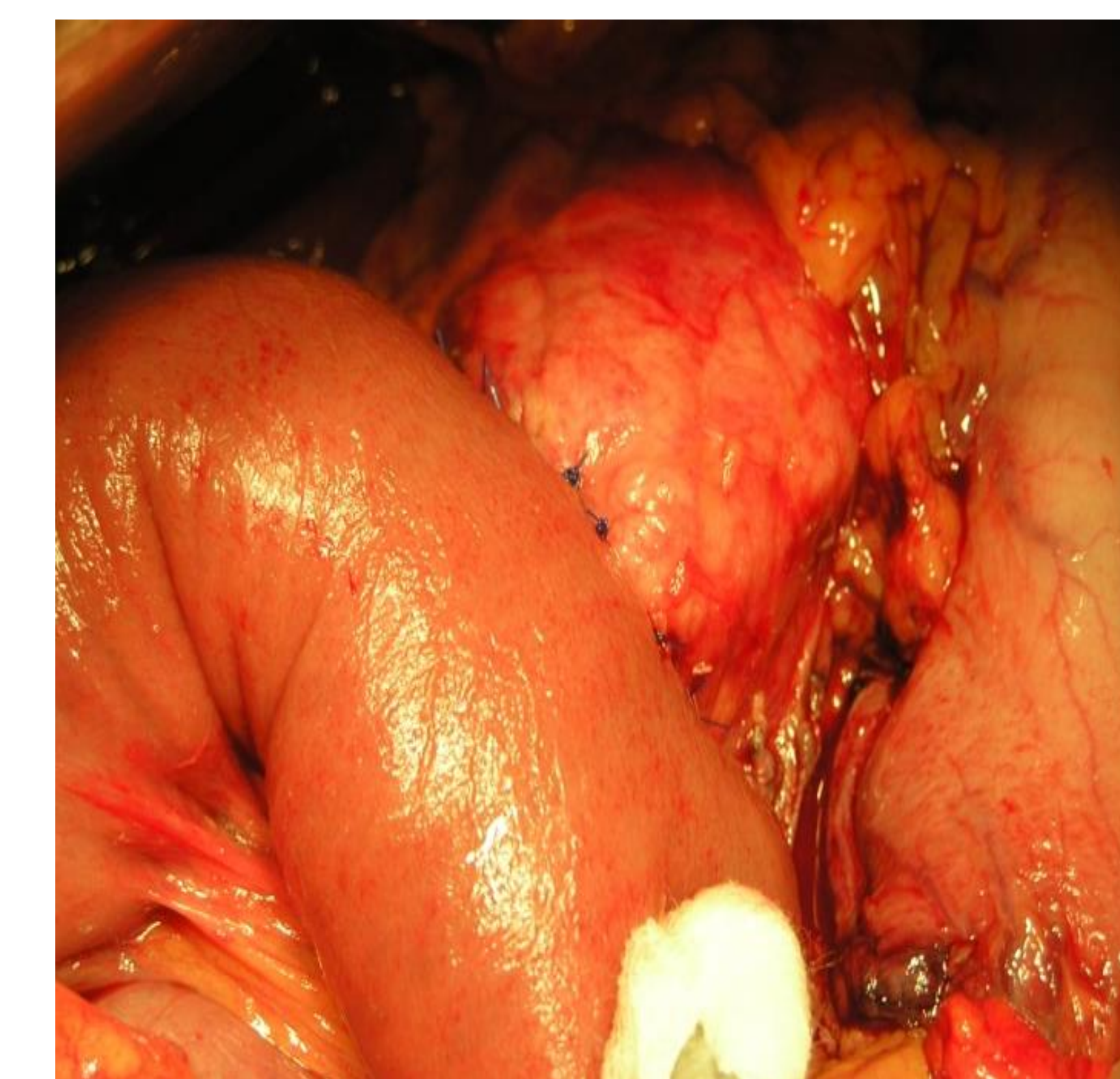


Fig.3 pancreaticojejunostomy,

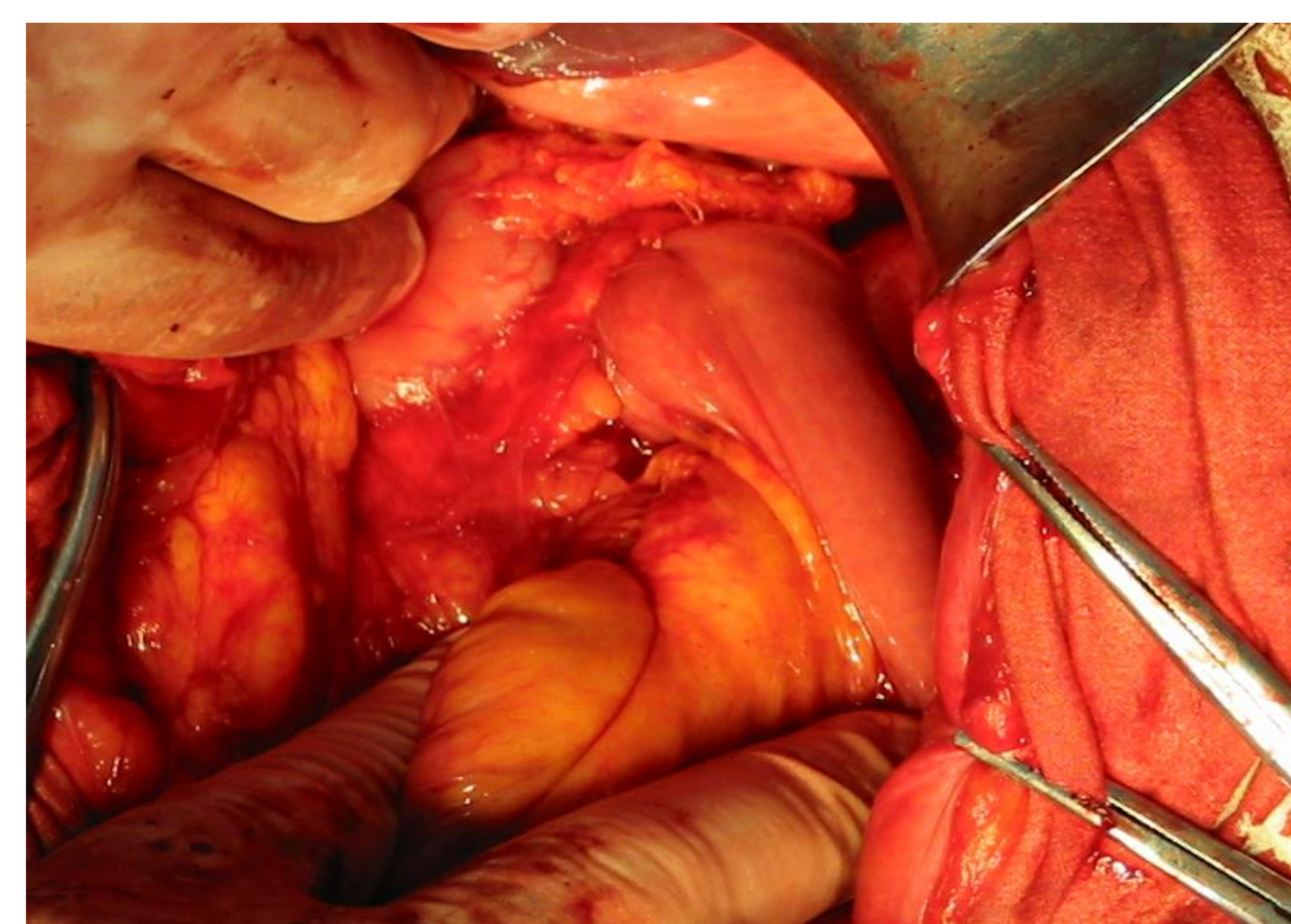


Fig.4 : Cephalic-duodenopancreatectomy Whipples-procedure

Purpose: Evaluation of the results of the strategy and surgical management applied in the treatment of patients with pancreatic pseudocyst (PP).

Conclusions: The severity of clinically assessed pancreatic lesions, laboratory and imaging results versus associated pathologies argues an individual, multidisciplinary approach to the patient with pancreatic pseudocyst.