early invasion in nearby structures or metastatic disease. As far as invasion of nearby structures is concerned, recent surgical and anesthesiological progress has pushed the usual resectabiliy boudaries, by incorporating vascular resections and reconstructions.
We present the experience of a single surgical team of the Cantacuzino Clinical Hospital with managing pancreatic head tumors, including cases with vascular invasion. From 2014 to 2022, 162 pancrectico-duodenectomies were performed, of which 13 required vascular resection in order to achieve an R0 resection. The mean number of cases has grown to around 20 cases, with a POPF rate of 5%.
We've analised the perioperative results of pancreaticoduodenectomies including the cases associating vascular resections, which are comparable to the current literature; also, the increasing number of patients and multidisciplinary approach have led to results similar to specialised centers.
Cuvinte cheie: pancreas, DPC, vascular, resection

LAPAROSCOPIC APPROACH OF ACUTE PANCREATITIS COLLECTIONS: A SERIE OF FOUR CASES

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Introduction: Acute pancreatitis (AP) is one of the most unpredictable pathologies of the digestive system. AP can be associated with multiple local or systemic complications. Approximately 15-20% of patients develop moderate severe or severe pancreatitis. The moderate severe form of disease is associated with local complications, as necrosis of the pancreatic and/or peripancreatic tissue and transient organ failure. One of the most common local complications in AP is the development of peripancreatic fluid collections (PFC). Proper management of PFC necessitates accurate diagnosis and treatment by a multidisciplinary team. Moreover, tratment has turned from open surgery (associated with high mortality and morbidity), therefore the latest literature shows data justifying the use of minimally invasive procedures.
Case presentantion: We present a serie of 4 patients, with ages comprised between 54 and 70 years old with peripancreatic fluid collections, more precisely, walled-off necrosis (WON), infected WON in the lesser sac and one with ANC treated laparoscopically.
Conclusion: Minimally invasive procedures of PFC, especially for acute necrotic collections (ANC) include radiological, endoscopic or surgical approach. Formerly, a primary necrosectomy was the frontrunner treatment, however it is associated with high rates of mortality and morbidity. At the present moment the step-up approach management is preferred. The main and most common issue of all minimally invasive procedures is the difficult removal of the necrotic debris and the adequate drainage of the collection in one procedure.
To conclude, even though pancreatitis has an unforeseeable evolution, the minimally invasive techniques seem to be promising in the managament of PFC.
Case particularities: This present paper presents a serie of four cases of AP complicated with PFC admitted to the Regional Institute of Gastroenterology and Hepatology, Cluj-Napoca. All cases were managed pure laparoscopically.

REZECȚIA PANCREATODUODENALĂ – EXPERIENȚA CLINICII „NICOLAE ANESTIADI”

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Scopul lucrării. Analiza rezultatelor rezecției pancreatoduodenale (RPD) efectuată la pacienții spitalizați în urgență.
Materiale și metode. Studiu retrospectiv-prospectiv, 2016-2021, 27 pacienţi la care s-a practicat operație Whipple, raport B/F=2,5:1, vârsta 58,6±8,1ani. Cauza spitalizării: icter – 19 (70,4%) și formaţiune intraabdominală – 8 (29,6%). Diagnosticul a fost stabilit prin: TC – 22 (81,5%)cazuri, RMN – 3 (11,1%) şi CPGRE – 12 (44,2%). S-au analizat două loturi: **lot. I** – RPD cu stentare preoperatorie și **lot. II** – RPD fără decompresie biliară preoperatorie.
Rezultate. Rata RPD la pacienții cu TP cefalice spitalizați în urgență a constituit 16,6%(n=27). **Lotul I** – 8 (29,6%), vârsta 57,5±6,2 ani, bilirubinemia la internare 218,8±65,7 mmol/l; stentare endoscopică efectuată în primele 5 zile de spitalizare, timpul de la decompresie până la intervenţie – 12,0±6,54 zile, durata intervenției 346,5±37,8 min, zile de spitalizare 29,8±12,5 zile, inclusiv ATI – 6,0 zile. Într-un caz din cauza concreșterii TP s-a efectuat hemicolectomie dreaptă. Complicațiile p/op specifice – 4 (50%), mortalitatea p/op – 2 (25%). **Lotul II** – 19 (70,4%), vârsta 58,0±9,0 ani, bilirubinemia la internare 82,0±13,5 mmol/l, durata intervenției 322,3±55,5 min, zile de spitalizare 30,6±14,8 zile, inclusiv ATI – 8,0±3,2 zile, complicații p/op – 8 (42,1%), mortalitatea p/op – 2 (10,5%): decedat la 12 și 56 zile p/op din cauza complicațiilor septice intraabdominale.
Concluzii. Rata operațiilor cu viză de radicalitate la pacienții cu TP cefalică, spitalizați în urgență, rămâne joasă din cauza diagnosticului tardiv, icterul fiind cea mai frecventă cauză de adresare. Stentarea endoscopică preoperatorie este frecvent practicată pentru rezolvarea sindromul colestatic sever (bilirubinemie cca 200 mmol/l) la pacienții cu TP cefalică. Rata letalității postoperatorii în loturile studiate a fost similară; durata spitalizării și morbiditatea postoperatorie semnificativ mai elevată la pacienții supuși rezecției pancreatoduodenale.
Cuvinte cheie. Tumoră pancreatică, icter, decompresie biliară, rezecție pancreatoduodenală

PANCREATICODUODENAL RESECTION - THE EXPERIENCE OF THE SURGERY CENTER “NICOLAE ANESTIADI”

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