

A Comparative Study between Duct-to-Mucosa and Invagination Technique for Reconstruction after Pancreaticoduodenectomy: A Prospective Study

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Patients and methods: From January 2012 to October 2015, we presented a prospective study which included 24 patients who underwent pancreaticoduodenectomy (PD) operation through either Whipple resection or modified Whipple (pylorus-preserving). Patients were reviewed and divided into 2 groups (A,B) according to the type of pancreaticojejunostomy (PJ). (invagination vs duct-to-mucosa).

Results: 12 patients in each group were operated on: Group A patients had invagination technique for PJ, while all the 12 patients in group B had duct-to-mucosa anastomotic technique for PJ. 1 (8.3%) case in group A developed pancreatic fistula (PF), while 3 (25%) cases in group B developed PF, and 1 case (8.3%) in group A had mild anastomotic leak which was managed conservatively, while 3 cases (25%) in group B developed moderate to severe anastomotic leak with intra-abdominal collection which required CT-guided percutaneous drainage and operative intervention. Average age was (mean \pm SD) = (55 \pm 12), average operative time was (245 \pm 75) min.

Conclusion: PF after PD represents a critical trigger of potentially life-threatening complications. Although the best method for dealing with the pancreatic stump after PD remains controversial, recent reports described the invagination technique to decrease the rate of PF significantly compared to the duct-to-mucosa technique. Our results appeared to be closely related to the published literature.

Key words: Pancreatic fistula (PF), pancreaticoduodenectomy (PD), pancreaticojejunostomy (PJ), invagination technique, duct-to-mucosa technique.

Biography

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