

# **Endoscopic management of pancreatic fistulas secondary to intraabdominal operation.**

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## **Abstract:**

Background: Pancreatic fistulas may arise secondary to several disorders of the pancreas. Although ~70% of pancreatic fistulas close with nonoperative management, this course of treatment usually takes several weeks or even months. To reduce this long period, closures with fibrin glue have been attempted in the past. In this study, we describe the course, management, and outcome of eight patients with postoperative external pancreatic fistulas of the pancreatic body and tail that arose after oncologic operations in the upper abdomen. Methods: All eight cases were treated by external drainage, insertion of an endoprosthesis into the pancreatic duct, and closure of the fistula with fibrin glue. Results: Immediately after this intervention, secretion from the fistulas was absent in all cases. None of the patients developed abscesses, recurrent fistulas, or complications associated with the fibrin glue. Conclusion: The early endoscopic management of post-operative pancreatic fistula with an approach combining internal drainage of the pancreatic duct and external occlusion of the fistula with fibrin glue is expeditious and beneficial.