

Pancreatic duct occlusion with fibrin sealant and pylorus preserving technique after duodenocephalopancreasectomy for periampullary carcinoma. [Italian]

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Abstract:

Dehiscence of pancreaticojejunostomy represent the main technical postoperative complication after duodenocephalopancreasectomy for periampullary carcinoma. The incidence of this complication is particularly high in cases of narrow duct and a tender pancreatic gland. In this case the authors suggest a technique of occlusion of the residual pancreatic stump using a fibrin sealant. This approach was utilized in 6 consecutive patients affected by resectable periampullary carcinoma. No postoperative mortality was observed. Pancreatic fistula developed in 5 cases and all of them resolved spontaneously in 1-4 months. The sixth patient underwent, at 3 months p-o, a CT-guided percutaneous aspiration of an intraabdominal fluid collection and with no further complications. 3 patients died at 3, 9 and 11 months because of liver metastases. Currently 3 patients are alive and apparently disease free at 25, 7 and 5 months. Pancreatic endocrine function was assessed in 5 patients at 3 months p-o. Blood glucose and insulin, glucagon and C-peptide plasma levels, all fasting and 1 hour after a standard meal, revealed a normal glucose metabolism. The authors conclude that, since fibrin sealant avoids the pancreatic fibrosis which could be induced by non-absorbable polymers and the benign evolution of this type of pancreatic fistula, this method for handling the exocrine secretion is a safe and satisfactory approach which is particularly indicated in case of a pancreatic stump at risk for intestinal anastomoses.