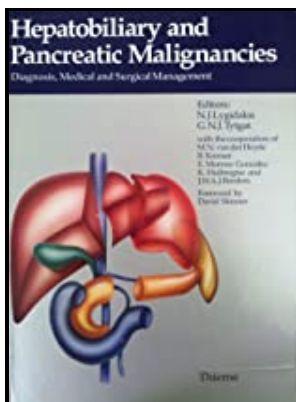


Pitfalls and complications in the diagnosis and management of hepatobiliary and pancreatic diseases - surgical, medical, and radiological aspects

G. Thieme Verlag - Pitfalls And Complications In The Diagnosis And Management Of Hepatobiliary And Pancreatic Diseases: Surgical, Medical, And Radiological Aspects by N. J. Lygidakis



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Pancreatic Diseases -- surgery.

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-Pitfalls and complications in the diagnosis and management of hepatobiliary and pancreatic diseases - surgical, medical, and radiological aspects

Notes: Includes bibliographical references and index.

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#pancreatic #surgery: #interventional #radiology #management

Management strategy for acute pancreatitis in the JPN Guidelines

This ensues as a result of different types of biliary injury, types of treatment, and the inconsistencies in defining successful outcomes.

Pitfalls And Complications In The Diagnosis And Management Of Hepatobiliary And Pancreatic Diseases: Surgical, Medical, And Radiological Aspects by N. J. Lygidakis

How is acute pancreatitis diagnosed? Effect of a portal venous stent for gastrointestinal hemorrhage from jejunal varices caused by portal hypertension after pancreatoduodenectomy. The latter can result from chronic pancreatitis, cholelithiasis, choledocholithiasis, radiation or drug-induced strictures, biliary infections, perianipillary tumors, and carcinoma of the head of pancreas.

Novel surgical technique for the management of biliary

Endovascular embolization of a third jejunal artery aneurysm: Isolation technique using the Amplatzer Vascular Plug 4. ERCP can be both diagnostic or therapeutic in cases of biliary obstruction caused by gall stones. The same authors conclude that IR is the best treatment for major visceral arterial bleeding when performed by experienced radiologists, and thus should be preferred over surgery whenever feasible.

Management strategy for acute pancreatitis in the JPN Guidelines

Biliary-enteric anastomotic stricture is one of the difficult and serious complications of biliary surgery resulting in multiple hospital readmissions and procedures. Surgical reintervention can achieve hemostasis but also has the advantage of allowing treatment of the factors associated with DPH,

like fistulae or abdominal collections. Arch Surg 2003;138:1310-4; discussion 1315.

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