

## Conversion To Pancreaticogastrostomy For Salvage Of Disrupted Pancreaticojejunostomy Following Pancreaticoduodenectomy

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**Background** : Severe postoperative pancreatic fistulae (POPF) following pancreaticoduodenectomy (PD) may be lethal conditions and require re-laparotomy. Although completion pancreatectomy (CP) is still accepted as the standard treatment, it has a high mortality and long-term pancreatic insufficiency. The aim of this study is to report the results of pancreas-preserving strategy, the conversion to pancreaticogastrostomy (PG) for salvage of disrupted pancreaticojejunostomy (PJ).

**Methods** : Severe postoperative pancreatic fistulae (POPF) following pancreaticoduodenectomy (PD) may be lethal conditions and require re-laparotomy. Although completion pancreatectomy (CP) is still accepted as the standard treatment, it has a high mortality and long-term pancreatic insufficiency. The aim of this study is to report the results of pancreas-preserving strategy, the conversion to pancreaticogastrostomy (PG) for salvage of disrupted pancreaticojejunostomy (PJ).

**Results** : One-hundred-and-eighty-one patients underwent PJ, and seven underwent PG. Of 181 patients, six ISGPF (International Study Group on Pancreatic Fistula) Grade C fistulae (3.3%), and 23 Grade B fistulae occurred (12.7%), respectively. In multivariate analysis, soft pancreas and postoperative day 3 drain fluid amylase  $\geq 350$  IU/L were significant risk factors for clinically relevant POPF (Grade B and C POPF). Two out of six Grade C patients underwent CP and died of liver failure after common hepatic artery embolization due to pseudoaneurysm. Conversion to PG was performed in four patients. All four patients survived and did not experience long-term pancreatic fistulae, remnant pancreas atrophy, or newly developed diabetes after a median follow-up period of 11.5 months.

**Conclusions** : Conversion to PG for salvage of disrupted PJ is a safe and effective treatment that can lower mortality and maintain pancreatic function.

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