

PRELIMINARY RESULTS OF LAPAROSCOPIC MANAGEMENT OF CHRONIC PANCREATITIS

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Background : Chronic pancreatitis is a common disease that surgical management still play an important role. Surgery is indicated if conservative treatment fails or neoplastic lesion is suspected. In recent years, laparoscopic pancreatic management of chronic pancreatitis has developed rapidly with many potential benefits. However, the number of reports in Vietnam is still limited.

Methods : To evaluate intraoperative technical characteristics and short-term outcomes of laparoscopic management of these patients. A prospective study on 4 patients who underwent laparoscopic longitudinal pancreaticojejunostomy (Partington–Rochelle) for chronic pancreatitis from March 2020 to June 2021.

Results : Mean age was 38 (22–41 years), 5 patients had history of alcohol and/or tobacco use. 2 patients had accompanying pancreatic pseudocyst. Mean operation time was 165 minutes (150–180 minutes), mean quantity of blood loss was 75ml (50–100ml), median postoperative hospital stay was 7 days (5 –10 days). There were no complications or reoperation. All patients achieved good results with pain relief and were able to returned to normal activities.

Conclusions : Laparoscopic longitudinal pancreaticojejunostomy (Partington–Rochelle) is a technically feasible, safe and effective surgical procedure in selected patients with pancreatic ductal calculus/chronic pancreatitis.

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