

A Case Of Hemodynamic Unstable Solder Due To Traumatic Pancreas Head Injury With Pelvic Bone Fracture: Staging Whipple's Operation Is An Option?

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Background : Massive disruption of the head of the pancreas, devascularization of the C-loop of the duodenum, or destruction of the ampulla of Vater mandate a pancreatoduodenectomy. The timing will depend on the patient's hemodynamic status, the physiologic state, and the magnitude of associated injuries.

Methods : The mortality rate after Whipple procedures for trauma in 170 patients in 52 published reports from 1964 to 1990 was 33%. In the most recent large civilian series, of 15 patients (80%) undergoing Whipple procedures from trauma had a staged approach, and the mortality rate was only 13%.

Results : We report a 30-year-old solder case of traumatic pancreas head injury who treated by staging Whipple operation.

Conclusions : In traumatic pancreatic injuries, an appropriate treatment method should be considered after evaluation of the accompanying injury and the patient's hemodynamic status. Staging Whipple's operation can be an opportune option in hemodynamic unstable cases.

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