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LAPAROSCOPIC CYST-GASTROSTOMY ANASTOMOSIS FOR PANCREATIC PSEUDOCYST: EXPERIENCE IN A THIRD LEVEL REFERENCE HOSPITAL AT MEXICO CITY.

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INTRODUCTION

Pancreatic fluid collections are local complications of acute pancreatitis. They can evolve to walled-off pancreatic necrosis (WON), acute necrosis collection, and pancreatic pseudocyst. [1]

These are a rare phenomenon that can occur in 20% of cases of acute pancreatitis and 40% in chronic pancreatitis. [1]

Its incidence is 90% of all pancreatic cyst lesions. [2]

Management has been classified as surgical (open and laparoscopic) and nonsurgical (endoscopic and radiologic). [3]

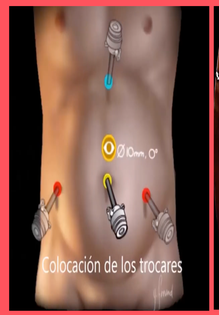
OBJECTIVE

The objective of this study is to describe the morbidity, mortality, and efficacy of the laparoscopic surgical approach in the treatment of patients with pancreatic pseudocyst in our experience as a third level hospital reference.

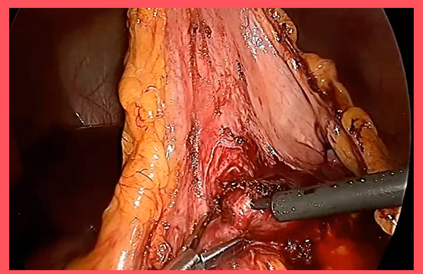
MATERIAL AND METHODS.

This is a retrospective, descriptive and observational study that was developed between February 2016 and October 2019.

We included 25 patients with pancreatic pseudocyst treated with laparoscopic surgery.







RESULTS.

The total sample was 25 patients with a pancreatic pseudocyst, of which, 72% was secondary to biliary pancreatitis, 16% by alcoholic pancreatitis, and 12% by dyslipidemia. The size of the cyst with an average diameter of 16 cm and a volume of 300 ml.

In 100% of the patients the surgery performed was laparoscopic cyst-gastrostomy anastomosis with endogastric approach, with a media of surgical time of 115 min, postoperative period with an average of 4 days at hospital. Complications were reported in 4% and only one patient required reoperation where anastomotic leakage was documented.

The maximum follow-up was for 36 months, there were no complications, and it was evaluated with a recurrence rate of 0%.

Mortality from this case series was 4% due to abdominal sepsis.

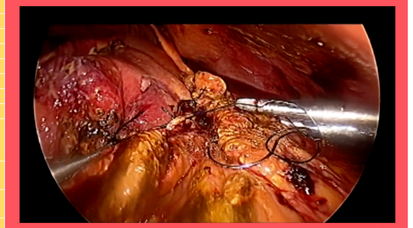
CONCLUSIONS.

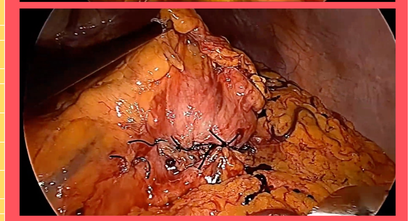
The laparoscopic technique used in this hospital report that this approach is effectiveness and a safe option treatment that reflects low mortality and morbidity, performed by skilled surgeons.

Is well known that an acceptable treatment is endoscopic management as a first line role in certain situations because is associated with fewer adverse events and shorter hospital stays, nevertheless the role of endoscopy as a specialized management is not available in all hospital, so the laparoscopic approach continues to be a safe option.

Result of surgical treatment. n=25			
Age*		35 years	(21-52 years)
Gender	Male	11	44%
	Female	14	56%
Etiology of pancreatitis.	Biliar	18	72%
	Alcoholic	4	16%
	Dyslipidemia	3	12%
Necessity of cholecystectomy		12	48%
Average diameter of the pseudocyst*		16 cm	(14-22 cm)**
Time of evolution in weeks*		7 weeks	(4-16 weeks)**
Operative time*		116 min	(90-195 min)**
Hemorrhage*		100 ml	(50- 150 ml)**
Approximate volume		300 ml	(150-900 ml)**
Laparoscopic feasibility		25	100%
Leak detected Intraoperatively		3	12%
Leak detected Postoperatively		1	4%
Hospital stay*		4 days	(3-6 days)**
Reoperation		1	4%
Morbidity		1	4%
Mortality		1	4%
Recurrence		0	0%
Follow-up*		36 months	(6-48 months)**

*Median
** Interquartile range





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