



Pancreatico-jejunostomy decreases post-operative pancreatic fistula incidence and severity after central pancreatectomy

Submitted by Beatrice Guillaumat on Thu, 07/11/2019 - 11:20

Titre	Pancreatico-jejunostomy decreases post-operative pancreatic fistula incidence and severity after central pancreatectomy
Type de publication	Article de revue
Auteur	Borel, Frédéric [1], Ouaiissi, Mehdi [2], Merdrignac, Aude [3], Venara, Aurélien [4], De Franco, Valéria [5], Sulpice, Laurent [6], Hamy, Antoine [7], Régenet, Nicolas [8]
Editeur	Wiley-Blackwell
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Janv. Fév. 2018
Numéro	1-2
Pagination	77-81
Volume	88
Titre de la revue	ANZ journal of surgery
ISSN	1445-2197
Mots-clés	Female [9], Gastrostomy [10], Humans [11], Incidence [12], Length of Stay [13], Male [14], Middle Aged [15], Pancreatectomy [16], Pancreatic Fistula [17], Pancreatic Neoplasms [18], Pancreaticojejunostomy [19], Retrospective Studies [20]

BACKGROUND: Central pancreatectomy (CP) is an alternative to pancreaticoduodenectomy and distal pancreatectomy in benign tumours of pancreatic isthmus management. It is known for a high post-operative pancreatic fistula (POPF) rate. The purpose of this study was to compare POPF incidence between pancreatico-jejunostomy (PJ) and pancreatico-gastrostomy (PG). **METHODS:** Fifty-eight patients (mean age 53.9 ± 1.9 years) who underwent a CP in four French University Hospitals from 1988 to 2011 were analysed. The distal pancreatic remnant was either anastomosed to the stomach (44.8%, $n = 25$) or to a Roux-en-Y jejunal loop (55.2%, $n = 35$) with routine external drainage allowing a systematic search for POPF. POPF severity was classified according to the International Study Group on Pancreatic Fistula (ISGPF) and Clavien-Dindo classifications.

Résumé en anglais

RESULTS: The groups were similar on sex ratio, mean age, ASA score, pancreas texture, operative time and operative blood loss. Mean follow-up was 36.2 ± 3.9 months. POPF were significantly more frequent after PG (76.9 versus 37.5%, $P = 0.003$). PG was associated with significantly higher grade of POPF both when graded with ISGPF classification ($P = 0.012$) and Clavien-Dindo classification ($P = 0.044$). There was no significant difference in post-operative bleeding (0.918) and delayed gastric emptying (0.877) between the two groups. Hospital length of stay was increased after PG (23.6 ± 3.5 days versus 16.5 ± 1.9 days, $P = 0.071$). There was no significant difference in incidence of long-term exocrine (3.8 versus 19.2%, $P = 0.134$) and endocrine (7.7 versus 9.4%, $P = 0.575$) pancreatic insufficiencies. **CONCLUSION:** PG was associated with a significantly higher POPF incidence and severity in CP. We recommend performing PJ especially in older patients to improve CP outcomes.

URL de la notice

<http://okina.univ-angers.fr/publications/ua19938> [21]

DOI

10.1111/ans.14049 [22]

Lien vers le document

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ans.14049> [23]

Titre abrégé

ANZ J Surg

Identifiant

28809096 [24]

(ID) PubMed

Liens

- [1] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=38125>
- [2] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=23036>
- [3] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=22843>
- [4] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=7196>
- [5] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=38127>
- [6] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=22918>
- [7] <http://okina.univ-angers.fr/an.hamy/publications>
- [8] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=5176>
- [9] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=1075>
- [10] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=28855>
- [11] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=991>
- [12] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=1076>
- [13] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=10402>
- [14] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=968>
- [15] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=5941>
- [16] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=18821>

- [17] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=18822>
- [18] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=6060>
- [19] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=18826>
- [20] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=6125>
- [21] <http://okina.univ-angers.fr/publications/ua19938>
- [22] <http://dx.doi.org/10.1111/ans.14049>
- [23] <https://onlinelibrary.wiley.com/doi/abs/10.1111/ans.14049>
- [24] <http://www.ncbi.nlm.nih.gov/pubmed/28809096?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)