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Management of traumatic pancreatic transection – experience in a single surgical unit

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Introduction: Pancreatic transection (PT) is a rare entity of pancreatic injury encountered following blunt abdominal trauma. Management of PT is controversial and treatment depends on patient's injury status, facilities and expertise available for diagnosis and treatment. Isolated PT is a diagnostic challenge. We present four patients with PT following blunt trauma, their management and outcome.

Case report: Case-1 A 24-year old male presented four months after blunt trauma to abdomen with a bicycle-handle, with abdominal pain & distension. CT showed pseudocyst communicating with main pancreatic duct and lacerated neck of pancreas. Pancreatic duct was stented at endoscopic-retrograde-cholangio-pancreatography (ERCP) and patient recovered. Case-2 A 26-year old male presented with acute abdomen following road-traffic-accident underwent emergency exploratory laparotomy. PT was initially managed conservatively. Pancreatic duct was stented at ERCP. Patient later developed a pseudocyst and elective distal-pancreatectomy is planned. Case-3 A 26-year old male with acute abdomen following road-traffic-accident underwent exploratory laparotomy at a Provincial General Hospital. PT identified and distal pancreatic segment anastomosed to a jejunal-loop. Patient deteriorated post-operatively and transferred. Re-exploration revealed necrosed distal pancreas with anastomotic leakage. Patient succumbed due to acute severe pancreatitis and multi-organ failure. Case-4 A 27-year old male with acute abdomen following run-over injury underwent exploratory laparotomy and distal pancreatectomy performed. Patient had an uneventful recovery.

Discussion: High-index of suspicion is needed for the mechanism of initial injury when diagnosing isolated pancreatic injury which presents late. ERCP is safe and reliable when treating stable patients with PT. Damage control surgery is recommended than reconstructive surgery in unstable patients.