

THE RESULTS OF SURGICAL TREATMENT OF PANCREATIC PSEUDOCYSTS FOLLOWING ACUTE PANCREATITIS

*Shevchenko V. P., Bratushka V. O., Sobolev Y. I., Myslovsky I. A., Kravez O. V., Svistunov O.V., Shevchenko V. V.
Sumy State University, department of general surgery, Sumy Regional Hospital*

The tactics and results of the operative treatment of pancreatic cysts, complicating severe destructive pancreatitis in a series of 52 patients, are discussed. The following operative methods are made use of: marsupialization -6(11,5%), Yurash – 36(69,2%), cystojejunostomy with Braunova (10(19,3%). The character and scope of surgical intervention are determined intraoperatively, depending on the anatomical situation faced. In pancreatic cysts operated according to Yurash (cystogastroanastomosis), an original drainage method with two probes introduced nasally is used--one wider into the anastomosis, and a narrower one into the duodenum for feeding. The probes are retained for periods ranging from 9 to 14 days. No relapse of the cysts operated by different methods are registered, with the exception of a patient undergoing marsupialization. In one case operated according to Yurash where no preoperative preparation is done the outcome is fatal, with the patient dying of hemorrhage on the third postoperative day. All patients are operated within 6 months after the formation of cysts. The preoperative preparation includes Kontrikal, Gordox, Sandostatyne, atropine, heparin and antibiotic; in some patients the listed drugs are introduced during operation into region of truncusceliacus. Administration of Kontrikal, Gordox, Sandostatyne in mainly patients was continued during early postoperative period. A number of inferences are reached and recommendations made: 1. Waiting for the generally accepted 6-month term is necessary. 2. In cysts involving the head of the pancreas, tightly adherent to the posterior wall of the stomach, the method of Yurash with the modification suggested for probing should be given preference. 3. In cysts of the body region and tail cystojejunostomy with Braunova is practicable. 4. Proceeding with the preoperative medication in the postoperative period is advisable.