

11TH GLOBAL GASTROENTEROLOGISTS MEETING

June 12-13, 2017 Rome, Italy

Minimally invasive and endoscopic methods of treatment of postnecrotic pseudocysts of pancreas

Nazar Omelchuk, Igor Shevchuk and Sergiy Hedzuk
Ivano-Frankivsk National Medical University, Ukraine

Statement of the Problem: Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14.7–26.4%.

Purpose: The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of postnecrotic pseudocysts of pancreas.

Methodology & Theoretical Orientation: Ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening was used for diagnostics. Endoscopic interventions were applied by duodenoscopes “Olympus” under control of X-ray machine “Siemens BV 300”. Cysto-digestive fistulas were created by prickly papilotoms. For providing of long passability of cysto-digestive fistula were used two endoprotheses like “pig tail” sized 10 Fr with length 5-6 sm. For transpapillary drainage were used pancreatic endoprotheses like “pig tail”, sized 5-7 Fr with length 5 sm.

Findings: Miniinvasive methods of treatment were applied in 47 (66.2%) patients; percutaneous external drainage in 25 patients (53.1%), endoscopic transmural drainage of postnecrotic pseudocysts in eight (17.1%) patients. Combined endoscopic interventions were applied in 14 (29.8%) patients; in particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in nine (64.2%), endobiliary stenting with temporary stenting of pancreatic duct in two (14.2%) patients, temporary stenting of pancreatic duct in two (14.2%) patients, endoscopic transmural drainage with percutaneous external drainage in one patient.

Conclusion & Significance: Usage of combined miniinvasive methods of treatment of acute necrotic pancreatitis complicated by postnecrotic pseudocysts help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

Dr.nazaromelchuk@gmail.com

Transabdominal sonography of the stomach and duodenum

Vikas Leelavati Balasaheb Jadhav
Dr. D.Y. Patil University, India

Transabdominal sonography of the stomach and duodenum can reveal following diseases: Gastritis and duodenitis; acid gastritis; an ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer and post-healing fibrosis and stricture; polyps & diverticulum; benign intra-mural tumors; intra-mural haematoma; duodenal outlet obstruction due to annular pancreas; gastro-duodenal ascariasis; pancreatic or biliary stents; foreign body; necrotizing gastro-duodenitis; tuberculosis and; lesions of ampulla of vater like prolapsed, benign & infiltrating mass lesions. Neoplastic lesion is usually a segment involvement and shows irregularly thickened, hypoechoic and aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture and has eccentric irregular luminal narrowing. It shows loss of normal gut signature. Enlargement of the involved segment is seen. Shouldering effect at the ends of stricture is most common feature. Enlarged lymph nodes around may be seen. Primary arising from wall itself and secondary are invasion from peri-ampullary malignancy or distant metastasis. All these cases are compared and proved with gold standards like surgery and endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign and malignant gastro-intestinal tract lesions.

drvikasjadhav@gmail.com