Pancreatic exocrine insufficiency after pancreaticoduodenectomy is more prevalent with pancreaticogastrostomy than with pancreaticojejunostomy: A retrospective multicenter observational cohort study

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Objective: Recently, pancreaticogastrostomy (PG) regained interest as reconstruction technique after pancreaticoduodenectomy (PD) because this technique might imply a lower risk of clinical pancreatic fistula than reconstruction by pancreaticojejunostomy (PJ). We hypothesize that PEI is more common during clinical follow up after PG than after PJ.

Research Design & Methods: This study compares the prevalence of PEI in patients undergoing PD for malignancy reconstructed by PG versus reconstruction by PJ. PEI during the first year of follow up was defined as intake of pancreatic enzyme replacement therapy (PERT) within 1 year postoperatively and/or an abnormal exocrine function test. In total 186 patients operated at 2 University Hospitals, were included.

Results: PEI during the first year postoperatively was present in 75.0% of the patients with PG compared with 45.7% with PJ (p<0.001). Intake of PERT within 1 year after surgery is more prevalent in the PG group: 75.8% versus 38.5% (p<0.001). There was a trend towards more disturbed exocrine function tests after PG (p=0.061).

Conclusions: PEI is more common with PG than with PJ reconstruction after pancreaticoduodenectomy for malignancy.

Biography
Geert Roeyen is a Senior Staff Member, Department of Hepatobiliary, Endocrine and Transplantation Surgery at the Antwerp University Hospital, Antwerp University, Belgium. Recently, a paper on Pancreatogenic Diabetes in patients referred for pancreatic surgery has been published in Pancreatology journal.

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