

**14<sup>th</sup> Euro-Global Gastroenterology Conference: Minimally-invasive methods of acute pancreatic post necrotic pseudocyst treatment - Nazar Omelchuk - National Medical University**

**Nazar Omelchuk**

*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 post-necrotic pseudocyst of pancreas.

**Methodology & Theoretical Orientation:** For diagnostics ultrasonography was used, diagnostic laparoscopy, helical CT with contrast strengthening. Endoscopic interventions were applied by duodenoscopes "Olympus" under control of X-ray machine "Siemens BV 300". Cystodigestive fistulas were created by prickly papilotoms. For providing of long passability of cystodigestive fistula were used two endoprotheses like "pig tail" sized 10 Ft with length 5-6 cm. For transpapillary drainage were used pancreatic endoprotheses like "pig tail", sized 5-7 Ft with length 5 cm.

**Findings:** In 82 (68.2%) patients were applied minimally invasive methods of treatment; Percutaneous external drainage in 38 (46.3 %) patients, endoscopic transmural drainage of post-necrotic pseudocyst in 22 (26.85%) patients. Combined endoscopic interventions were applied in 22 (26.85%) patients. In particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in 11 (50%) patients, endobiliary stenting with temporary stenting of pancreatic duct in 5 (22.7%) patients, temporary stenting of pancreatic duct in 4 (18.2%) patients, endoscopic transmural drainage with percutaneous external drainage in 2 (9.1%) patient.

**Conclusion & Significance:** Usage of combined minimally invasive methods of treatment of acute necrotic pancreatitis complicated by post-necrotic pseudocyst help to improve results of treatment,

reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

Rewarding Pancreatic Necrosis or Abscess Patients with intense necrotizing pancreatitis or boil get anti-infection agents, intravenous liquids, torment relievers and different meds as demonstrated. Medical procedure in the working room is the typical course of treatment to deplete the contaminated region. Medicines of pancreatic pseudocysts incorporate preservationist treatment (vigilant observing), careful seepage, which can be performed through a standard cut (open careful waste) or by key-gap medical procedure (laparoscopic careful waste), or endoscopic seepage. Frequently pseudocysts show signs of improvement and leave all alone. On the off chance that a pseudocyst is little and not causing genuine indications, a specialist might need to screen it with occasional CT examines. In the event that the pseudocyst endures, gets bigger, or causes torment, it will require careful treatment. Your pancreas is situated behind your stomach. Pseudocysts typically structure as the consequence of a hard hit to your midsection or an aggravation of the pancreas known as pancreatitis. A pancreatic pseudocyst isn't generally hazardous except if it cracks. A burst pancreatic pseudocyst is a hazardous condition. Cystic pancreatic injuries, emerging after a scene of intense pancreatitis, may resolve without treatment over a time of 4 a month and a half, while in ceaseless pancreatitis unconstrained pseudocyst goals happens seldom as development of the blister divider is now finished. Frequently pseudocysts improve and leave all alone. On the off chance that the pseudocyst continues, gets bigger, or causes torment, it will require careful treatment. If not observed or rewarded, a pseudocyst can get contaminated or burst, causing extreme torment, blood misfortune and stomach disease. A few sorts of pancreatic blisters require careful evacuation

due to the danger of malignant growth. Medical procedure may be expected to evacuate a broadened pseudocyst or a serous cystadenoma that is causing torment or different manifestations.

Albeit most pancreatic sores are considerate (noncancerous), some show includes that are troubling and require further assessment. Most blisters don't cause manifestations, yet huge ones may square channels in the pancreas and cause torment. It is rarely destructive, however it can get expanded and cause torment. The most well-known reason for a pancreatic pseudocyst is aggravation of the pancreas, called pancreatitis. A less normal reason or donor is injury, for example, a hit to the mid-region. Pancreatitis is most regularly brought about by liquor misuse and gallstones. This is what you have to think about pseudocysts and their treatment. Pseudocysts structure when the cells of the pancreas become kindled or are harmed and pancreatic chemicals begin to spill. Spilling of the compounds hurts the tissue of the pancreas. Pancreatic pseudocysts may begin after a scene of abrupt (intense) pancreatitis. Individuals with ceaseless pancreatitis can likewise get pseudocysts. You may have a higher hazard for pseudocysts in the event that you have a medical problem that can cause pancreatitis. These incorporate gallstones. You might have the option to diminish your hazard by rewarding your wellbeing condition. Drinking less liquor may likewise bring down your hazard. The crack of a pancreatic pseudocyst to the peritoneal pit is a perilous difficulty prompting serious peritonitis and septic conditions.

It requires rising careful investigation that is frequently of incredible specialized trouble and with significant dreariness and mortality. There are two primary sorts of necrotic tissue present in wounds: eschar and quagmire. Eschar presents as dry, thick, rough tissue that is frequently tan, earthy colored or dark. A necrotizing delicate tissue contamination is a genuine, hazardous condition that requires prompt treatment to shield it from decimating skin, muscle, and other delicate tissues. Luckily, such diseases are uncommon. They can immediately spread from the first disease site, so it's essential to know the side effects. Putrefaction is brought about by an absence of blood

and oxygen to the tissue. It might be activated by synthetic compounds, cold, injury, radiation or interminable conditions that impede blood stream. Contamination can obliterate encompassing tissues until they become necrotic, as would trauma be able to like a fender bender or tumble from a stepping stool. Without treatment, necrotizing pancreatitis may prompt a contamination or sepsis. This can prompt perilous organ harm. Necrotizing pancreatitis is truly treatable. Medicines focus on the pancreatitis itself and afterward the dead or contaminated tissue. NP happens when your pancreas gets aroused or harmed, and the pancreatic proteins spill. This damages the tissues of the pancreas. On the off chance that this harm can't be turned around, it causes NP. At times, the close by tissue may get contaminated.

#### Recent Publications

Madacsy L, Kurucsai G and Joo I (2009) Rescue ERCP and insertion of small-calibre pancreatic stent to prevent the evolution of severe post-ERCP pancreatitis: a case-controlled series. *Surg. Endosc.* 23(8):1887-93.