IDDF2018-ABS-0048 TICKING TIMEBOMBS DUE TO PANCREATITIS

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Background Visceral artery pseudo aneurysms are uncommon, but commonly cause complications. The splenic artery is most commonly affected. They usually develop secondary to pancreatitis with abdominal trauma being the second most common cause. Our aim was to analyse all the abdominal visceral arterial pseudo aneurysms, analyse their clinic-pathological features, management and outcome.

Methods The study was conducted in the Surgical Gastroenterology Department of Osmania Medical College and Hospital. All patients who were diagnosed to have a splenic artery pseudo aneurysm from the January 2012 to July 2016 were included in the study.

Results A total of 15 cases were identified, the splenic artery was to the origin in thirteen and gastroduodenal artery in two. All patients were male, pancreatitis accounted for 14 (93.33%) and trauma for 1 (6.66%). All patients were symptomatic with abdominal pain (80%), GI bleed (66.66%) and fall in haemoglobin (66.66%) being the common symptoms. CECT with vascular reconstruction was the best investigatory modality to identify them. Angio-embolization was used in two patients with good outcomes. Percutaneous thrombin was used in one patient but unsuccessful. Surgery was used in 13 patients (distal pancreaticosplenectomy – 8, transpseudocystic ligation – 3 and direct aneurysm ligation – 1).

Conclusions Visceral arterial pseudo aneurysms are not as rare as previously thought and the incidence is rising as our threshold for imaging is falling. Their management is multidisciplinary and depends on the resources available. All of them are invariably symptomatic and require the intervention of some sort for permanent control. The threshold to offer surgery should be low as the morbidity (26.66%), and mortality (6.66%) is relatively low.

IDDF2018-ABS-0049 MANAGEMENT OF CAUSTIC CONSUMPTION INJURIES – A MULTIDISCIPLINARY EFFORT FOR A SUCCESSFUL OUTCOME

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Background Ingestion of corrosive substances results in severe damage to the upper aero digestive system and is still a major cause of concern in India. Injuries depend on the type of substance, quality, quantity and the intention. Corrosive agents produce extensive damage to the gastrointestinal tract, which may result in death in the acute phase or may result in long-term sequelae. We describe the experience of our department in treating such injuries.

Methods All corrosive injury patients, acute and late, presented to the Department of Surgical Gastroenterology from Jan 2009 – June 2016, are included in this retrospective study.

Results Between Jan 2009 – June 2016, 55 patients were admitted with a history of corrosive agent consumption. 23

patients had an only mild mucosal injury and were treated conservatively and required no further intervention.

3 required emergency total gastrectomy with a cervical esophagostomy of whom only one survived.

24 patients underwent repeated esophageal dilatations for strictures. 1 of them had a spontaneous duodenal perforation and succumbed. 17 patients responded very well to the dilatation protocol. 6 patients underwent surgery for complication/failure of endoscopic dilatation.

5 patients presented late with well-established strictures with poor nutrition and underwent a feeding jejunostomy with a reconstructive procedure at a later date.

A total of 11 patients underwent a reconstructive procedure, 7 underwent a colonic pull through, and 4 underwent a Billroth II distal gastrectomy.

Conclusions Corrosive injury of the upper gastrointestinal tract is a complex condition, requiring an intensive approach and multidisciplinary management. Maintenance of nutrition is essential for a good outcome. The native oesophagus should be salvaged whenever possible. Meticulous intra-operative technique and ensuring good vascular supply of the conduit are the cornerstones of a successful outcome.

IDDF2018-ABS-0050 PREDICTORS OF OUTCOME FOLLOWING SURGERY FOR CHRONIC PANCREATITIS

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Background Chronic pancreatitis is a benign debilitating condition associated with intractable abdominal pain, diabetes and steatorrhea. Surgery is indicated when the patient has intractable pain or develops complications of chronic. Surgery provides good pain relief in 70% to 80% of patients, whereas the remaining 10% to 20% of the patients have persistent pain. Several risk factors for poor pain relief have been described in the literature with controversial results. The aim of the study is to identify the factors associated with the outcome following surgery for chronic pancreatitis.

Methods Patients who underwent surgery for Chronic Pancreatitis, from August 2012 to January 2015 were included in the study. These patients were prospectively followed up for a minimum of 1 year, and the outcome was assessed using the Short Form 36 Quality of Life questionnaire and Visual Analogue Pain Score.

Results 24 patients with chronic pancreatitis underwent surgery – Frey's Procedure. All patients had a significant improvement in the QOL and VAS scores from the preoperative period to 12 months after surgery (QOL – 34.75±12.92 vs 73.04±14.67 P<0.001, VAS – 7.50±1.14 vs 1.58±2.00 P<0.001). The presence of the main pancreatic duct smaller than 4 mm, side branch calcifications and malignancy were associated with a poor outcome (p=0.01450, p=0.01450, p=0.0417).

Conclusions Frey's pancreaticojejunostomy is a safe surgical procedure resulting in a statistically significant, sustained alleviation of pain and significant improvement in health-related quality of life which is comparable to that of the general population with minimal difference in exocrine and endocrine function of the pancreas. The size of the main pancreatic duct larger than 4 mm was the single most relevant factor associated with a good outcome following surgery. The presence of extensive side branch calcifications and malignancy was associated with a poor outcome.