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COMPLICATIONS OF THE SURGICAL MANAGEMENT OF NECROTISING PANCREATITIS AND PANCREATIC ABSCESS

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The concept of CT guided fine needle biopsy has become the standard in the treatment of infected necrosis and abscesses in acute necrotising pancreatitis. At the same time an increasing percentage of patients with sterile necrosis are treated conservatively. However when surgical treatment for acute necrotising pancreatitis is required surgical complications can occur such as recurrent intra-abdominal abscesses and necrosis, bowel perforation and pancreatic fistula as well as intra-abdominal haemorrhage. Late complications are associated with the restoration of intestinal transit, late development of pseudocysts or abdominal wall hernias. With the tight protocols of antibiotic treatment and conservative management of patients, the time of surgical intervention has been delayed and usually the patients are in better conditions than in the acute phase. In the own experience surgical complications were present in 71 % of patients treated surgically and 64 % of these patients required re-operation. Most complications occurred 1 to 3 months after surgery and intra-abdominal abscesses and wound complications were most common. According to the literature these complications occur in 44 % of the cases with pancreatic fistula in 29 %, bleeding in 7 %, burst of the abdomen in 4 % and pseudocyst formation in 4 %. In particular the superinfection of necrosis with bacterial and fungal micro-organisms due to prolonged treatment with antibiotics appears to be worrisome, however, its significance on the clinical outcome remains controversial.

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