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Colonic Complications In Acute Pancreatitis: A Single Institution Experience And Systematic Review

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Background : Acute Pancreatitis (AP) is a common surgical pathology, accounting for over 200 000 hospitalisations in Australia every year. Colonic complications secondary to severe AP or NP are rare, and there are no clear guidelines in the management of these pathologies. The aim of this study was to examine our experience with colonic complications secondary to AP in our institution, focusing on the management and outcomes in this setting. Furthermore, a systematic review was performed to review the management and outcomes of all reported cases of colonic complications in AP over the last 20 years.

Methods : A retrospective review was performed for all patients who were admitted with Acute or recurrent pancreatitis from January 2010 to December 2021. A systematic review was performed looking into previous reports of colonic complications and management secondary to AP in the last 20 years (January 2002 to December 2021).

Results : There was a total of 11 patients who had a subsequent colonic complication secondary to AP: 5 colonic strictures, 1 pancreatico-colono fistula, 2 colonic perforation, 2 colonic infarction and 1 large bowel obstruction secondary to retroperitoneal compression. Overall risk of a colonic complication at our institution was 0.11%. Colonic strictures were found to be diagnosed between 41 to 578 days, while colonic fistulas were found to be diagnosed between 22 to 114 days. Colonic perforations and large bowel obstruction (from extra mural compression) tend to occur within the first 2 weeks of initial diagnosis. The median time for a diverting loop ileostomy (DLI) was 47 days (Range 44 to 114 days).

Conclusions : We recommend in cases of fistulas or strictures that a DLI should be performed during the acute phase of pancreatitis for source control prior definitive resection, but emergency colonic resections performed in cases of perforation or necrosis.

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