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Outcomes Of Surgical Treatment In Acute And Chronic Pancreatitis

Huisong LEE*, Hyeon Kook LEE, Seong Ki MIN

Surgery, Ewha Womans University School Of Medicine, REPUBLIC OF KOREA

Background : Surgical treatment is necessary when medical treatment is ineffective or complications such as infection or bleeding occur in patients with acute and chronic pancreatitis. However, there is a gap in knowledge on the optimal surgical approach and long-term prognosis for patients with pancreatitis. The aim of this study is to evaluate the postoperative outcomes and effectiveness of surgical treatment for patients with acute and chronic pancreatitis.

Methods : This study retrospectively reviewed data of 47 patients who underwent surgery for acute and chronic pancreatitis at a single institution over a 20-year period between 2000 and 2020. Patients with traumatic injury, autoimmune pancreatitis, and pediatric patients were excluded. The surgical treatments performed included necrosectomy and drainage, cysto-enterostomy, Frey's procedure, and Puestow's procedure. In certain cases, more extensive procedures such as pancreatoduodenectomy and distal pancreatectomy were also performed.

Results : There were 9 cases of acute necrotizing pancreatitis and 38 cases of chronic pancreatitis and pseudocyst. The median follow-up period was 39.8 months (range, 0.5 to 203.3). There were 3 in-hospital mortalities (33%) in the acute necrotizing pancreatitis group, none in the chronic pancreatitis and pseudocyst group. During the follow-up period, pancreatitis recurred in 5 patients (13%) after surgery, and 1 case of pancreatic cancer was identified. There were two additional deaths during the follow-up period. The study found no significant difference in recurrence or death rate among the surgical methods used.

Conclusions : The study found that surgery in acute necrotizing pancreatitis had high mortality, so surgery should be decided after considering indications. In contrast, the prognosis for patients with chronic pancreatitis after surgery was good, but more research is needed with larger patient populations.

Corresponding Author : **Huisong LEE** (jinseok.heo@samsung.com)