УДК 616.37-002-036.12-089

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SURGICAL TREATMENT OF CHRONIC PANCREATITIS

Introduction

Chronic pancreatitis (CP) is a syndrome involving inflammation, fibrosis, and loss of acinar and islet cells, which can manifest with pancreatic-type abdominal pain, steatorrhea, derangements in pancreatic function (exocrine and endocrine insufficiency), and visible pancreatic damage on imaging studies [1, 4, 5, 6]. CP is the long term inflammation of the pancreas. Which eventually leads to the irreversible destruction of pancreatic tissue. CP develops slowly over time, and it is predominantly triggers by lifestyle factors in predisposed patients [2].

Epidemiology of population-based estimates of chronic pancreatitis are not widely available as the diagnostic criteria for chronic pancreatitis vary widely. However, limited evidence suggests that the incidence of chronic pancreatitis ranges from 5–12 per 100,000 with a prevalence of approximately 50 per 100,000 persons. By etiology there are regional differences in the prevalence of chronic pancreatitis. Alcohol-related pancreatitis is more common in the West and Japan, as compared with other Asian countries. There is wide variation in the prevalence of a form of chronic pancreatitis that is endemic to tropical countries example: 20 to 125 per 100,000 persons reported in two parts of South India (2016–2022) [4, 5, 6].

Surgery is regarded as the most effective treatment to relieve pain and reduce complications in CP. Two major strategies exist: pancreaticoduodenectomy (PD), pylorus-preserving pancreaticoduodenectomy or Whipple procedure (PPPD), and duodenum-preserving pancreatic head resection (DPPHR). The original pancreato-duodenectomy as proposed by Whipple method included resection of the gastric antrum. Preserving the antrum and the pylorus is thought to result in a more physiological outcome with no difference in survival or recurrence rates. Today the Beger and Frey procedures are considered to be the two main methods of duodenum-preserving pancreatic head resection (DPPHR) in the surgical treatment of chronic pancreatitis [1, 2, 3, 4, 5, 6].

Goal

Purpose of the study: to analyse the operations performed in patients with chronic pancreatitis in the surgical department of the Gomel regional clinical specialised hospital institution.

Material and Methods of research

Statistical records of discharged patients treated in the surgical department of Gomel Regional Clinical Specialized Hospital from 2016 to 2018 were retrospectively studied. A total of 24 patients with chronic pancreatitis were operated on during the study period. There were 20 men (83.33 %), 4 women (16.67 %).

Average age of the patients was 46,7 years, minimal age was 18 years, maximal – 81 years. Statistical data processing was performed using Microsoft Excel 2016.

The results of the research and their discussion

From 2016 to 2018, 24 operations for chronic pancreatitis were performed in the surgical department. Distal duodenum-saving resections of the pancreatic head according to Beger and Whipple's operation were performed. Indications for pancreatic surgery were: chronic recurrent pancreatitis with predominant affection of the head with a pronounced pain syndrome, cystic degenerative transformation of the pancreas head, dilation of Wirsung's duct, lithiasis of

Wirsung's duct, mechanical jaundice, portal hypertension in chronic pancreatitis with portal vein compression, duodenum compression, external or internal pancreatic fistula.

In 2016, 13 (54,17 %) operations for chronic pancreatitis were performed. The average bedday hospital stay was 38.17 days.

In 2017, 6 (25 %) Beger surgeries were performed. The average bed-day during this period was up to 25.22 days.

In 2018, 4 (16.67 %) Beger and 1 (4.16 %) Whipple surgeries were performed, all for chronic pancreatitis. Relaparotomy was performed after Whipple's operation because of postoperative complications. Patients were hospitalized for 22 to 46 days without complications. But the patient who underwent relaparotomy was hospitalized for 46 days.

The total average hospital bed-day was 34.62 days. Such a long stay was due to preoperative patient examination (up to 12 days) to rule out pancreatic tumor. Postoperative results were good, there was no mortality during the study years.

Conclusions

Preliminary analysis of surgical interventions on the pancreas showed that the main method of surgical treatment of chronic recurrent pancreatitis was duodenum-saving operation according to Beger. There were no lethality and postoperative complications in patients after Beger surgical interventions during the period under study. The preoperative period should be shortened by performing preoperative examination on an outpatient basis in a specialized institution.

LITERATURE

1. Bachmann, J. et al. (2006) Pancreatic resection for pancreatic cancer, HPB: the official journal of the International Hepato Pancreato Biliary Association. U.S. National Library of Medicine. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2020746/ (Accessed: March 19, 2023).

2. Whipple procedure (2022) Mayo Clinic. Mayo Foundation for Medical Education and Research. Available at: https://www.mayoclinic.org/tests-procedures/whipple-procedure/about/pac20385054#:~:text=For%20a%20Whipple%20procedure%2C%20the,or%20the%20nearby%20lymph%20n odes (Accessed: March 19, 2023).

3. Whipple procedure (no date) MUSC Health | Charleston SC. Available at: https://muschealth.org/medicalservices/ddc/patients/gi-surgery/chronic-pancreatitis-surgery/whippleprocedure#:~:text=The%20Whipple%20procedure%20has%20been,percent%20in%20treating%20chronic %20pancreatitis (Accessed: March 19, 2023).

4. Chronic pancreatitis (2022) NHS choices. NHS. Available at: https://www.nhs.uk/conditions/chronicpancreatitis/#:~:text=Chronic%20pancreatitis%20is%20a%20condition,is%20more%20common%20in%20 men. (Accessed: March 19, 2023).

5. Chronic pancreatitis (2021) Chronic Pancreatitis | Johns Hopkins Medicine. Available at: https://www.hopkinsmedicine.org/health/conditions-and-diseases/chronic-pancreatitis (Accessed: March 19, 2023).

6. Colledge, H. (2018) Chronic pancreatitis: Causes, symptoms, & treatment, Healthline. Healthline Media. Available at: https://www.healthline.com/health/chronic-pancreatitis (Accessed: March 19, 2023).

УДК 616.13/.14-089(5)

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CORONARY ARTERY BYPASS GRAFTING VS PERCUTANEOUS CORONARY INTERVENTION IN ASIA

Introduction

Cardiovascular disease (CVD) was the leading cause of death in Asia as of 2019. Among the 10.8 million deaths worldwide 58 % occurred in Asia. 47 % of CVD deaths were due to ischemic heart diseases [1].