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A Brief Note on Management of Pancreatic Collections

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Description

Acute pancreatitis is an acute inflammatory process of the pancreas, which presents abdominal pain, increased amylase and lipase and shows characteristic images in imaging tests such as magnetic resonance or computed tomography. It is an important cause of hospital and intensive care unit admission, with a significant socio-health cost.

Pancreatic collections are a common complication in acute pancreatitis requiring admission to intensive care units. Manrai, et al, in their article published in the annals of surgery in 2018; reflect that up to 93.4% of necrotizing pancreatitis develops an acute collection. In total, 79.9% of all pancreatitis developed collection. The associated comorbidities, medical expense and hospital length of stay; make its management and treatment important to be reviewed.

Asymptomatic collections do not require intervention. However, symptomatic, may require it. Symptoms may include pain, fever, intolerance, nausea or vomiting. Drainage from these collections can be surgical, percutaneous, or endoscopic.

Bakker et al. tried to answer the question about which technique presents better prognosis and lower pro-inflammatory response. Compares the surgical or endoscopic procedure in relation to the control of the collection. The results reflect that the endoscopic technique reduces IL-6 levels post-procedure compared to surgical necrosectomy (P=0.004). There are fewer numbers of multi-organic failure situations and fewer pancreatic fistulas. (10% vs. 70% P=0.02).

In relation to the comparison between percutaneous and endoscopic drainage, Akshintala et al. compared 81 patients, 41 with endoscopic treatment and 40 with percutaneous drainage, identical success rates were observed (70.7% vs. 72.5%; P=0.86). Same adverse events, (14.6% vs. 15%; P=0.96), and clinical successes (70.7% vs. 72.5%; P=0.86). However, patients undergoing percutaneous technique had a higher rate of reoperation (42.5% vs. 9.8%; P=0.001), and longer hospital stay (14.8 \pm 14.4 vs. 6.5 \pm 6.7 days; P=0.001).

Endoscopic drainage of pancreatic collections is safe. The most common complications are perforation, bleeding, migration or closure of the stent. The complication rate can reach up to 21%. Vazquez et al. present the result of 211 patients, with a complication rate of 21%, in which infection is observed in 11%, bleeding in 7% and migration or perforation in 3%.

The treatment of pancreatic collections has evolved drastically in recent years. The development of drainages, endoscopic equipment and life support have improved the results of all techniques and minimized invisibility. However, these techniques, complex and more novels, need a learning process and time for their full development.

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