

Targeted transgastric drainage of persistent pancreaticocutaneous fistulas

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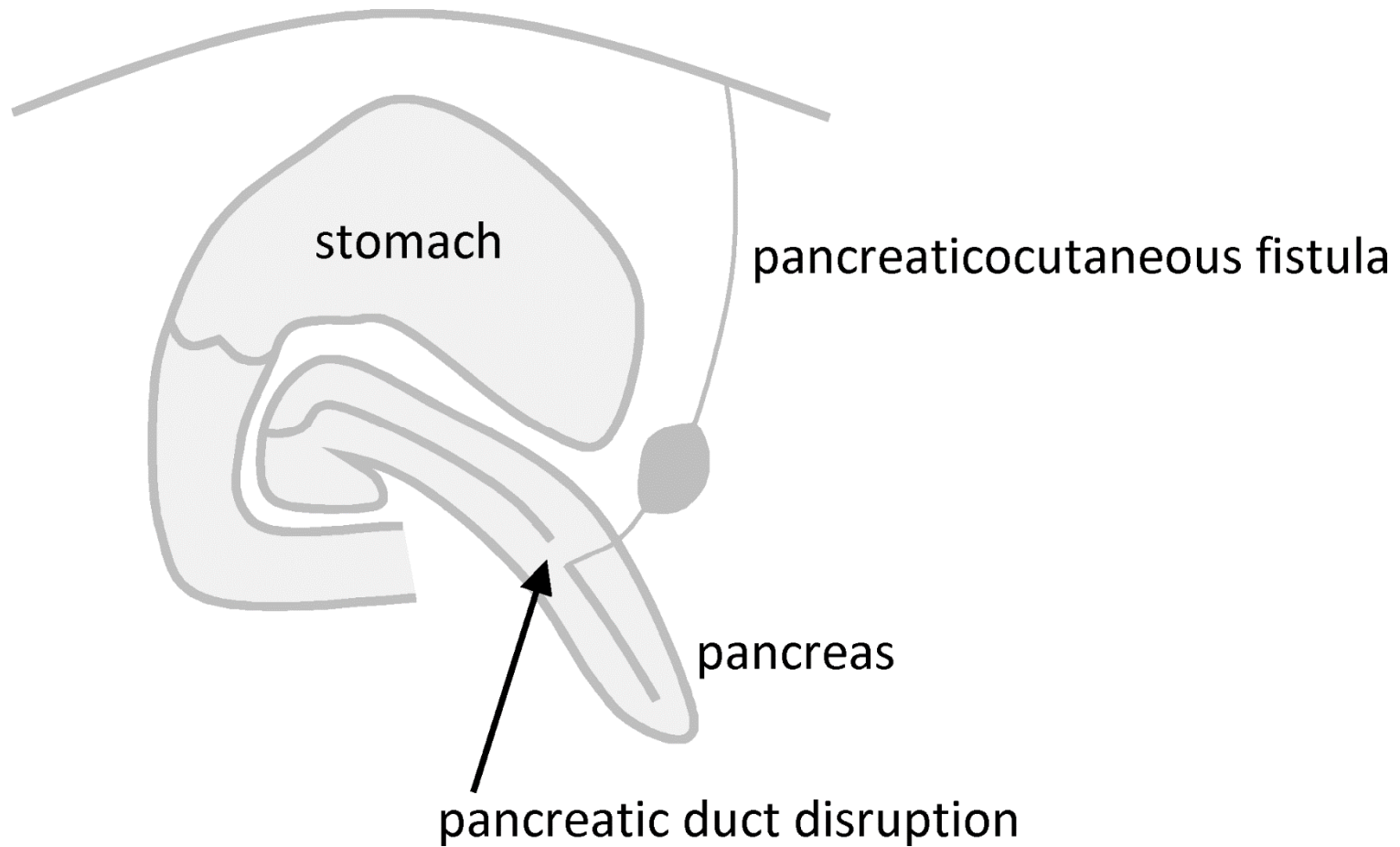


Penn Medicine

Disclosures

- None

Pancreaticocutaneous fistula



Conservative treatment

- Jejunal feeds
- ~~TPN~~
- Somatostatin analogues
- Pancreatic duct stent
- Pseudocyst drain

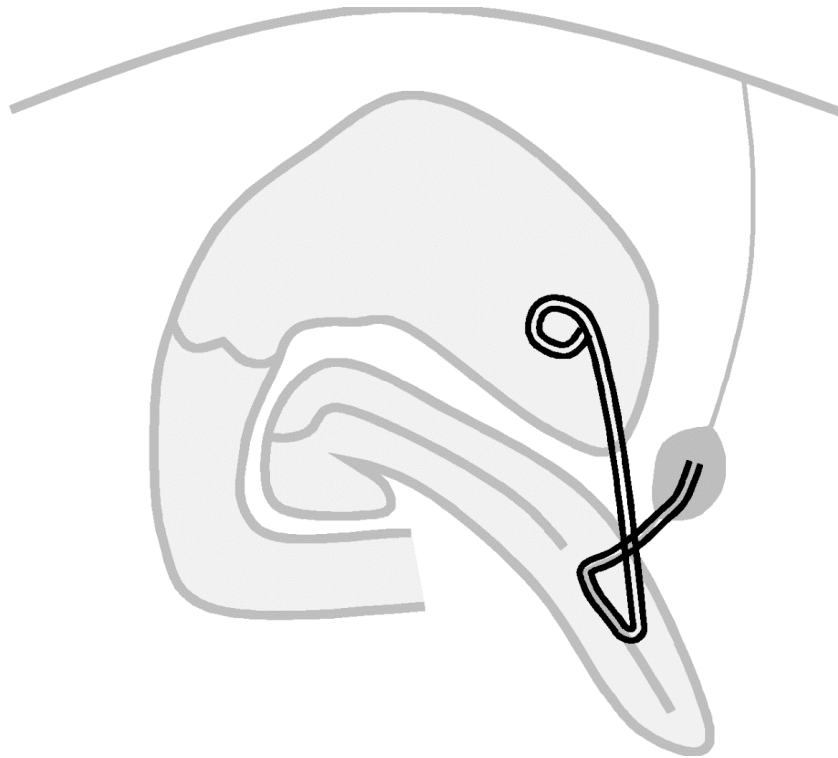
Surgical treatment

Conservative treatment is likely to fail if: complete pancreatic duct transection, downstream ductal stricture, high-output fistula

- Cystgastrostomy
- Distal pancreatectomy
- Pancreaticojejunostomy

Goal

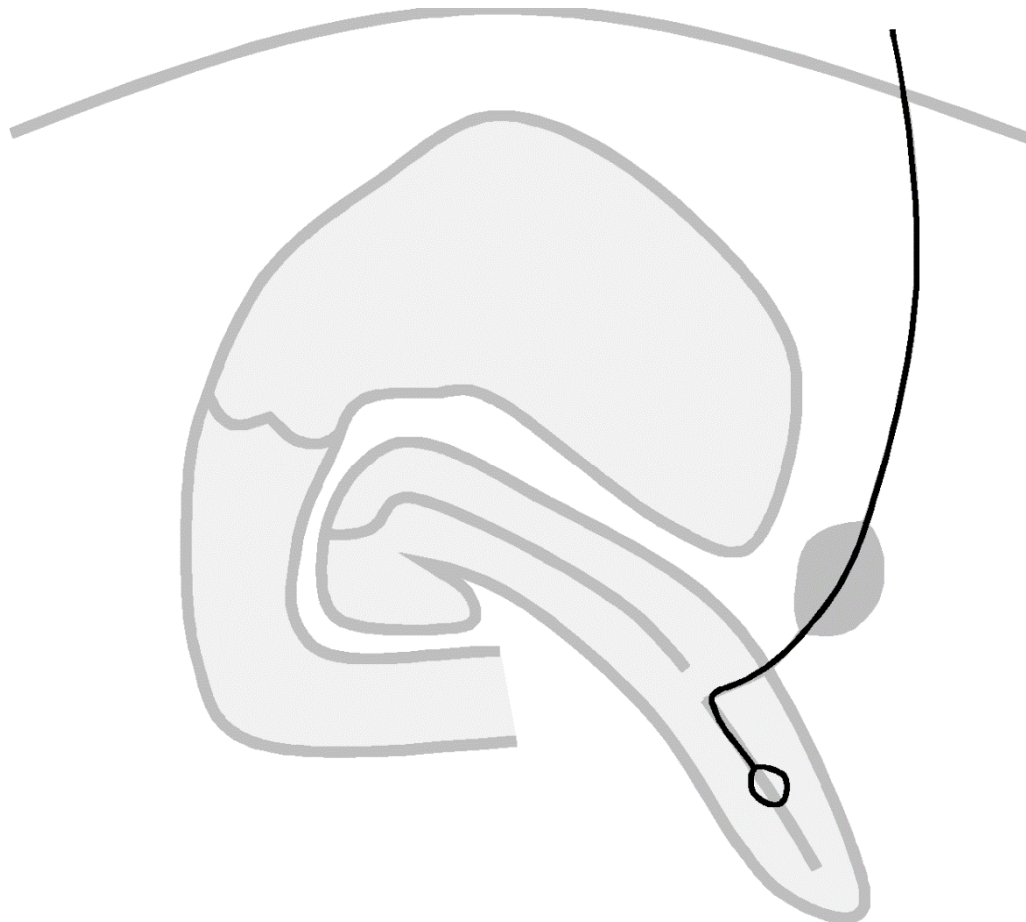
Drain the pancreatic duct directly into the stomach,
using a snare target technique



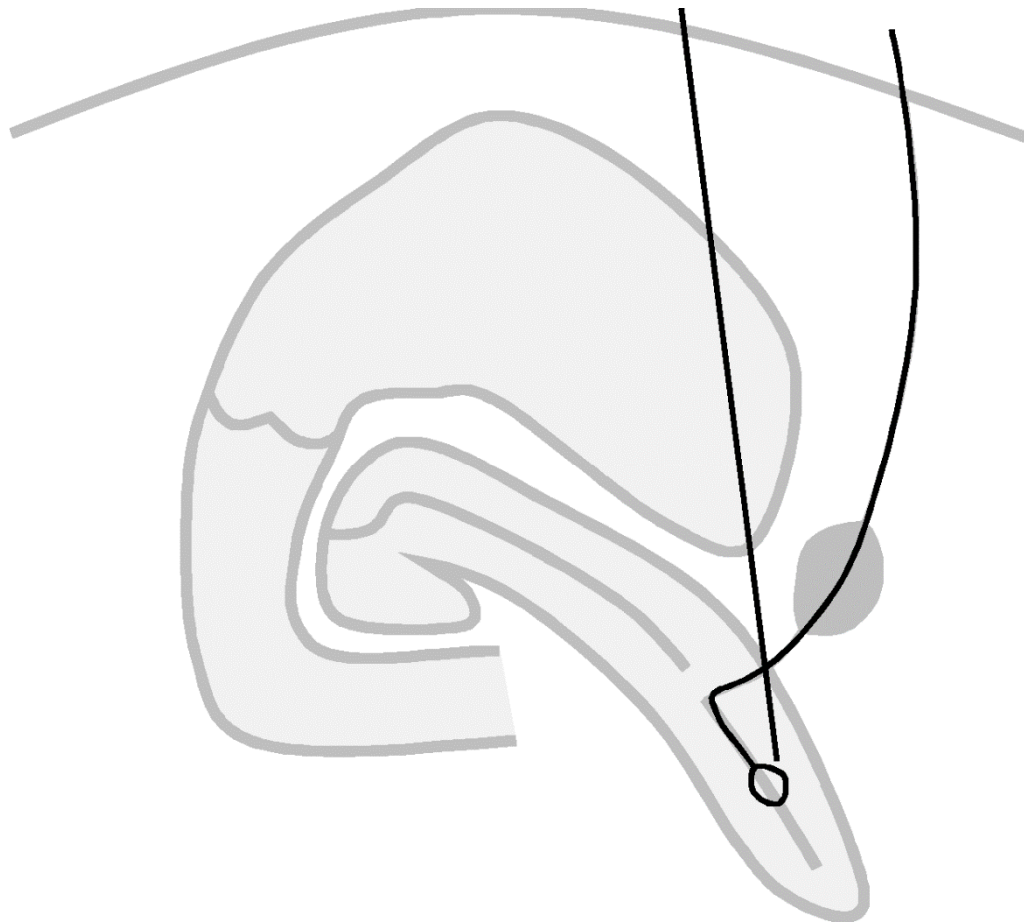
Pancreatic tail drain



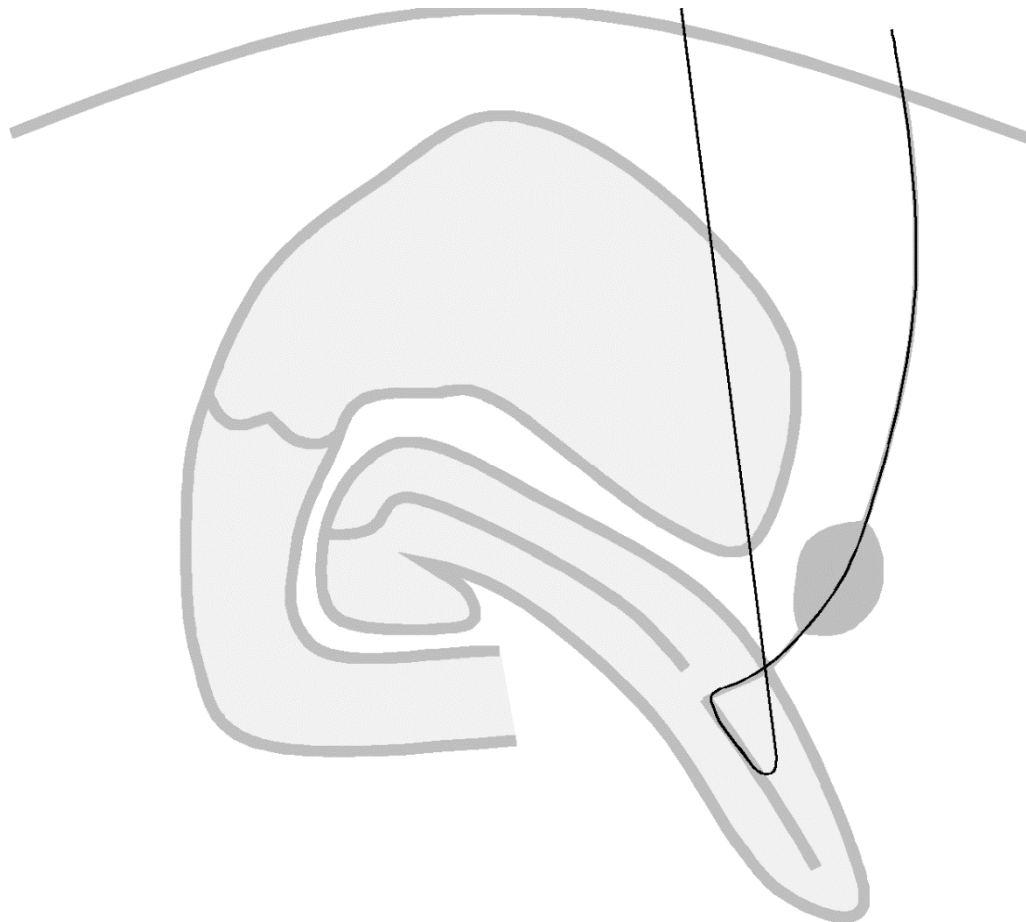
Pancreatic tail drain



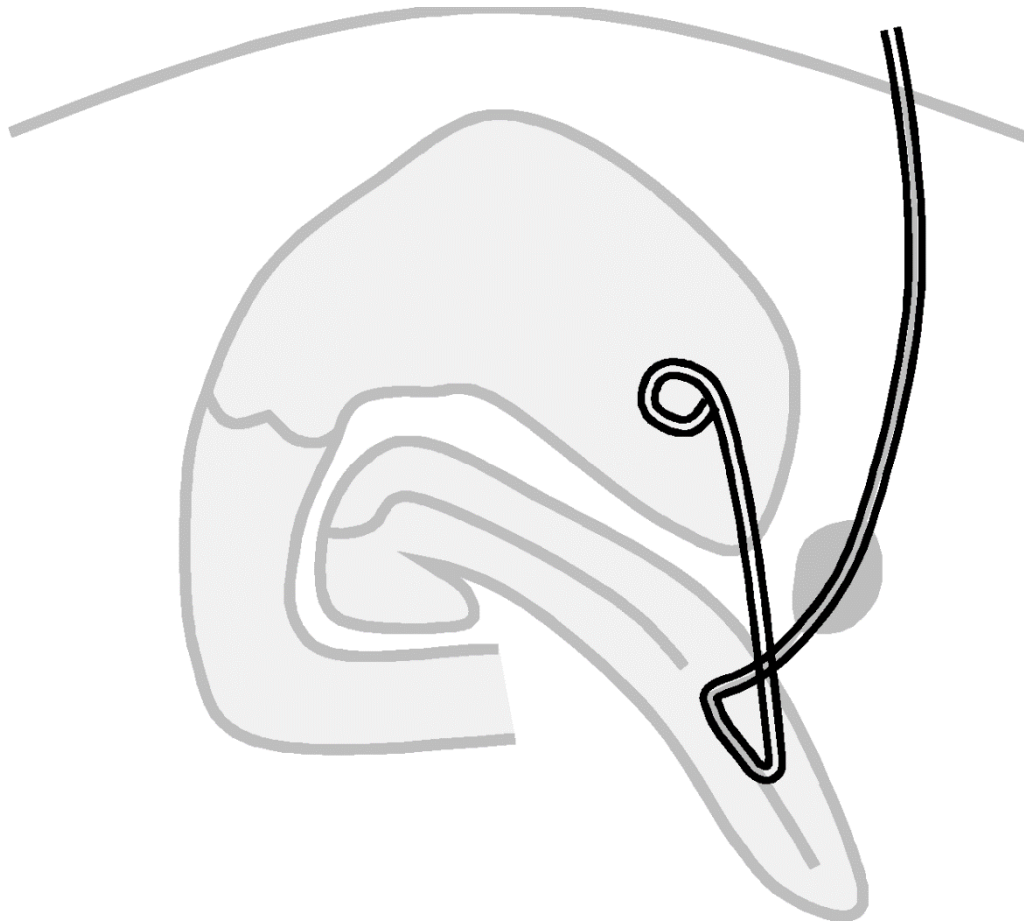
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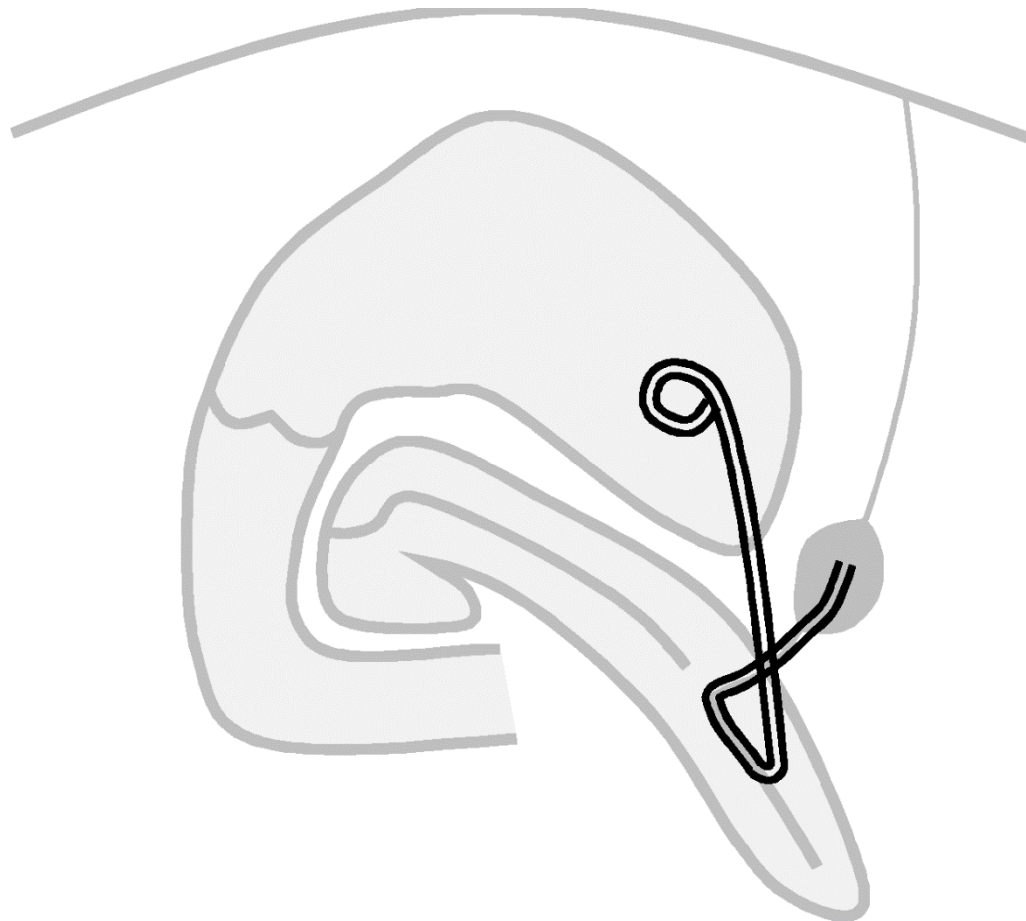
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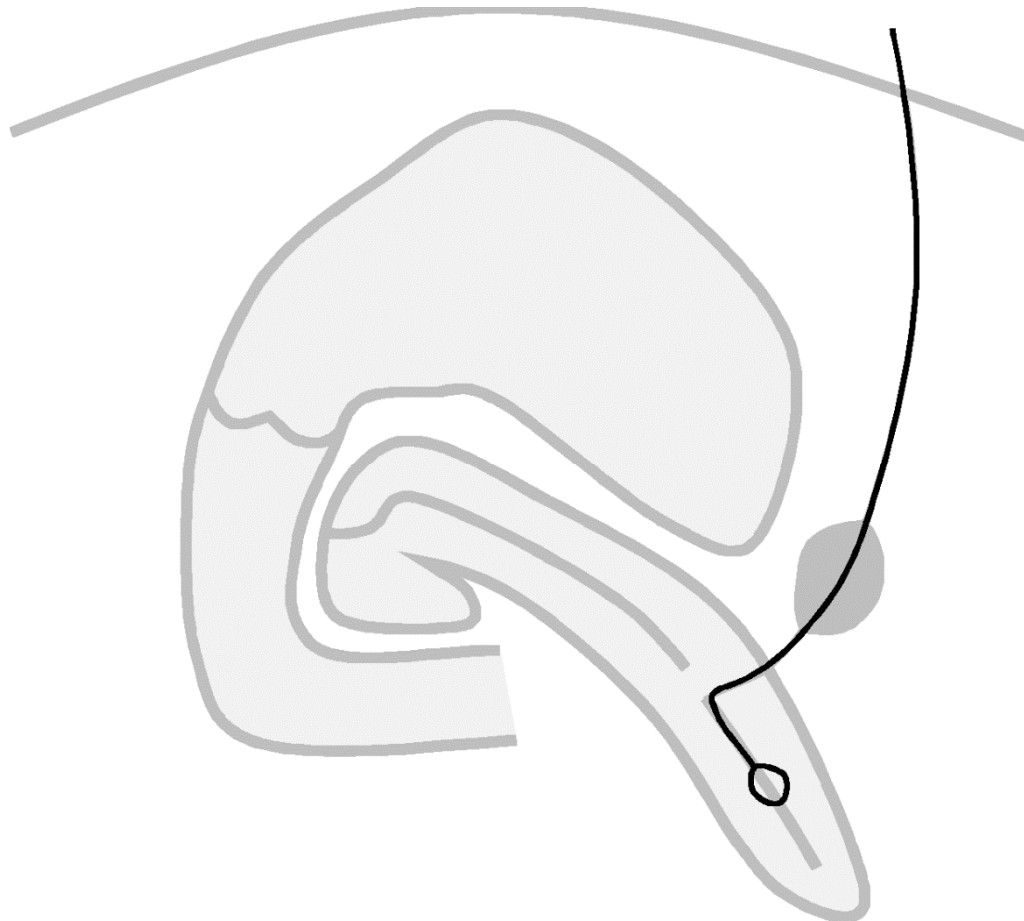
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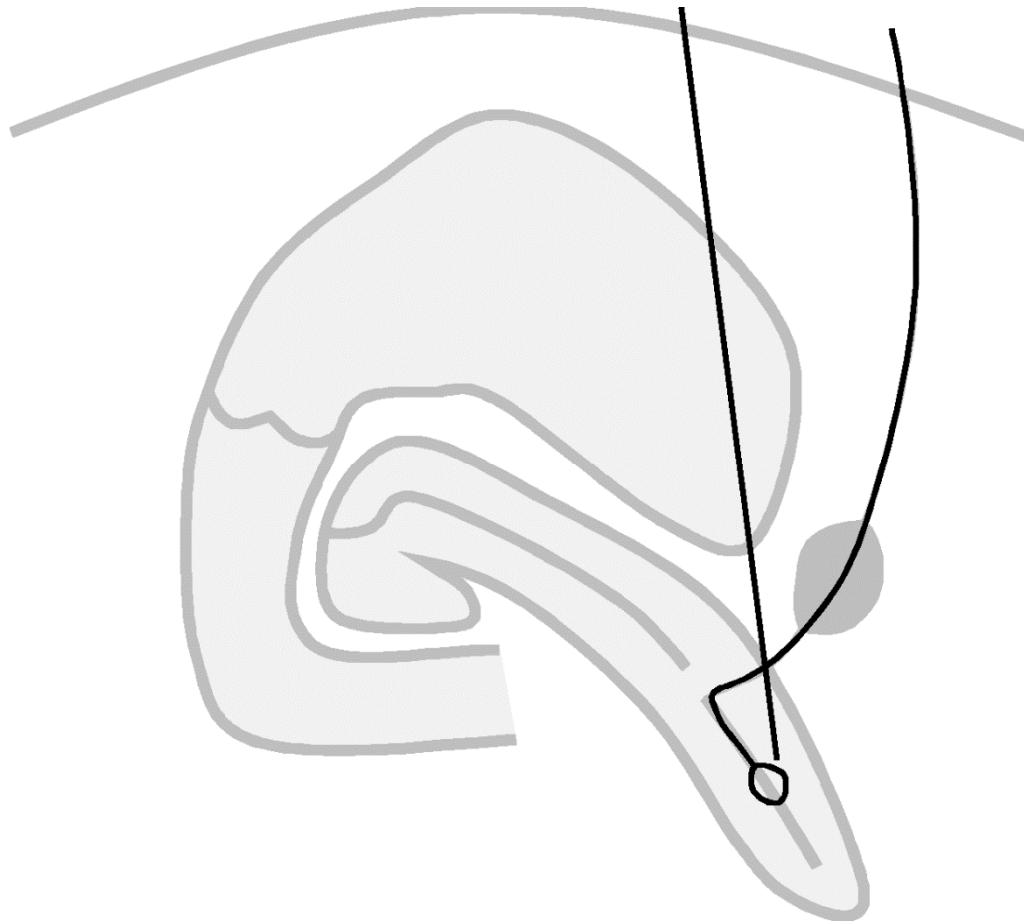
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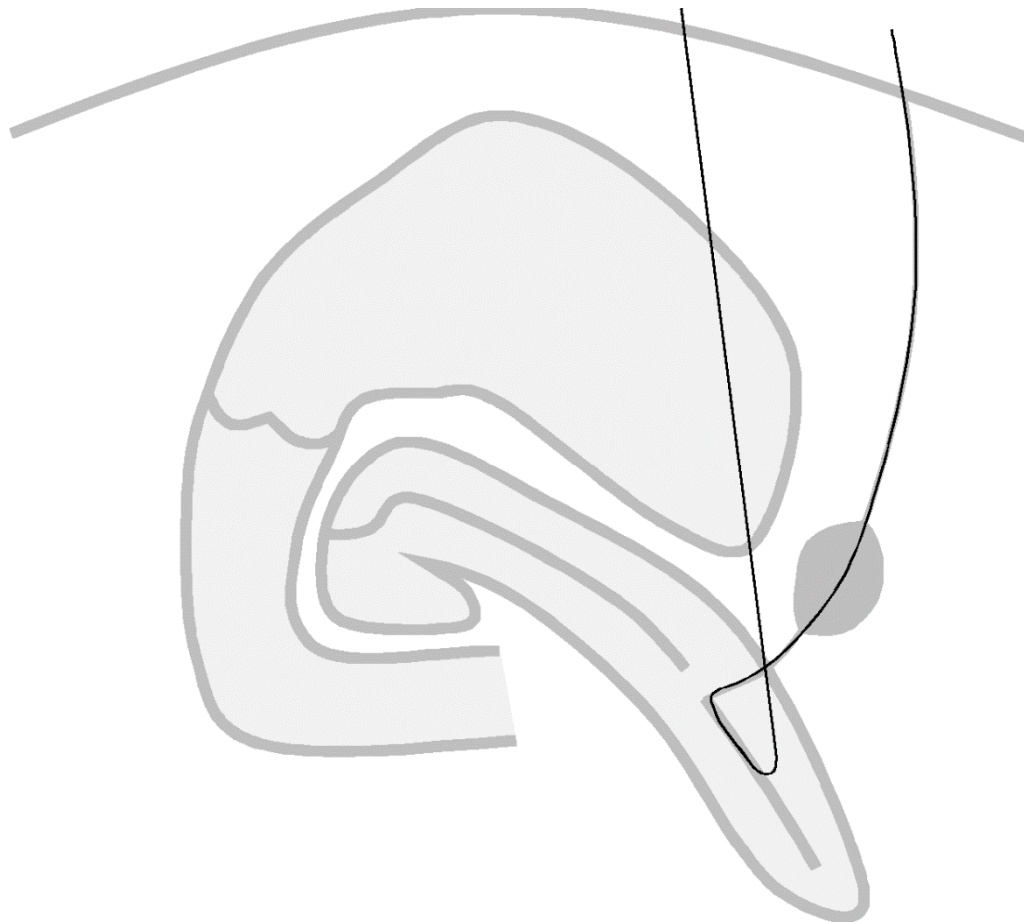
Pancreatic duct drain



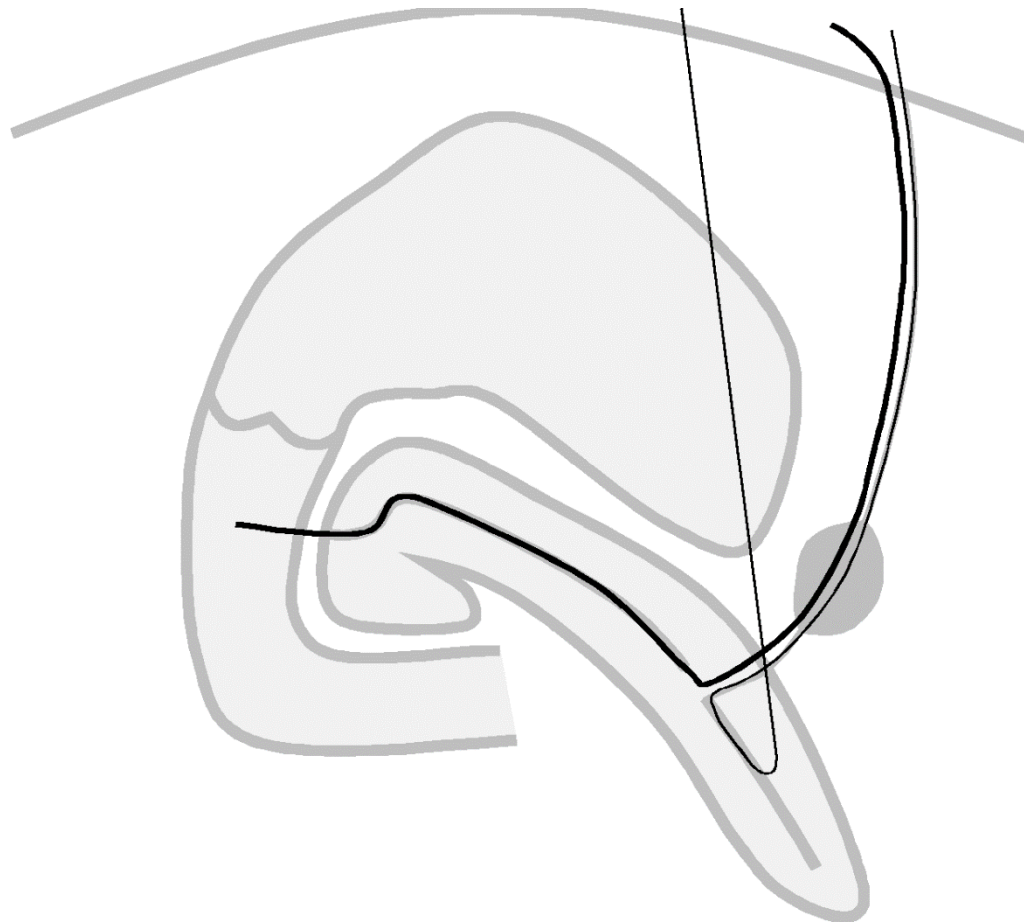
Pancreatic duct drain



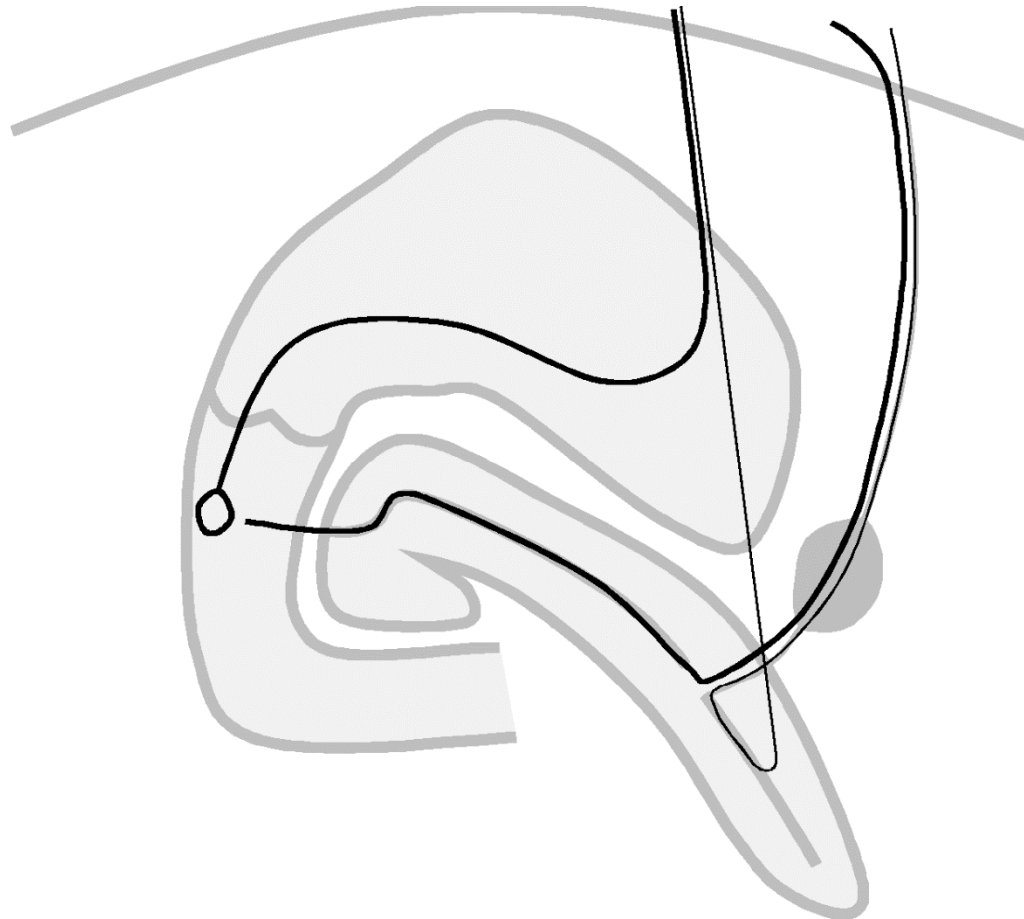
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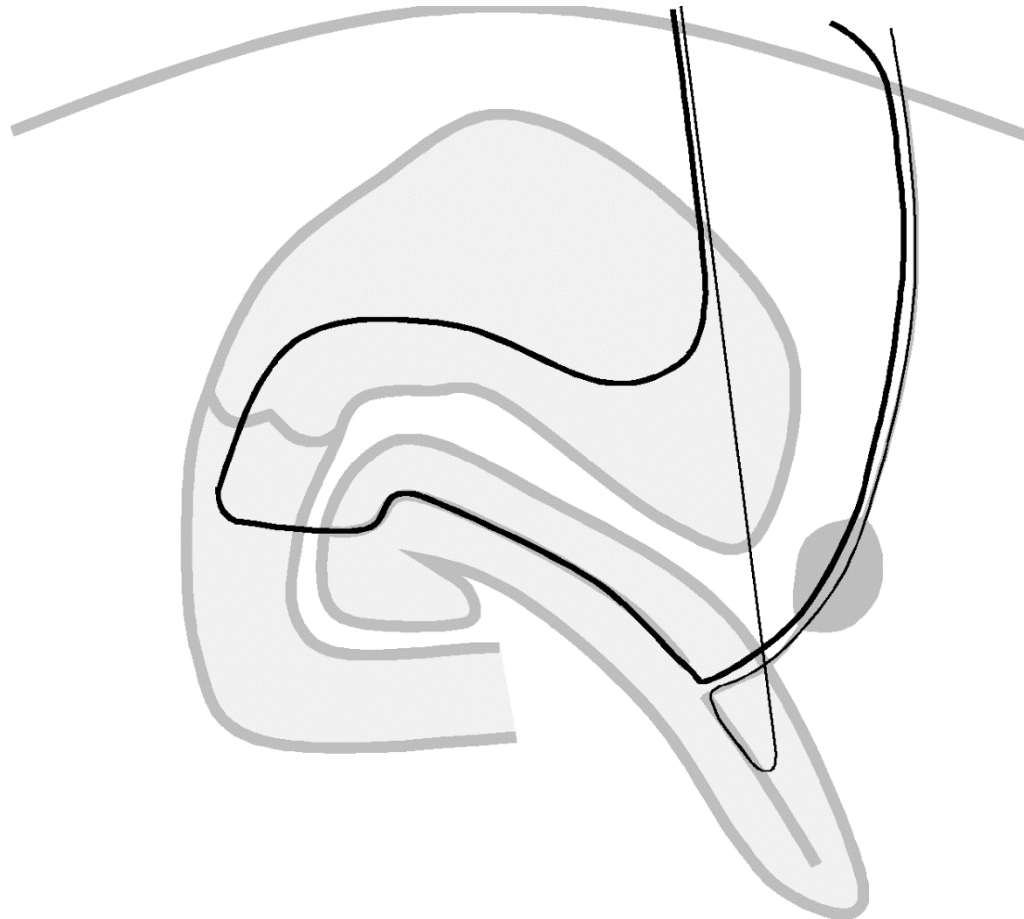
Pancreatic duct drain



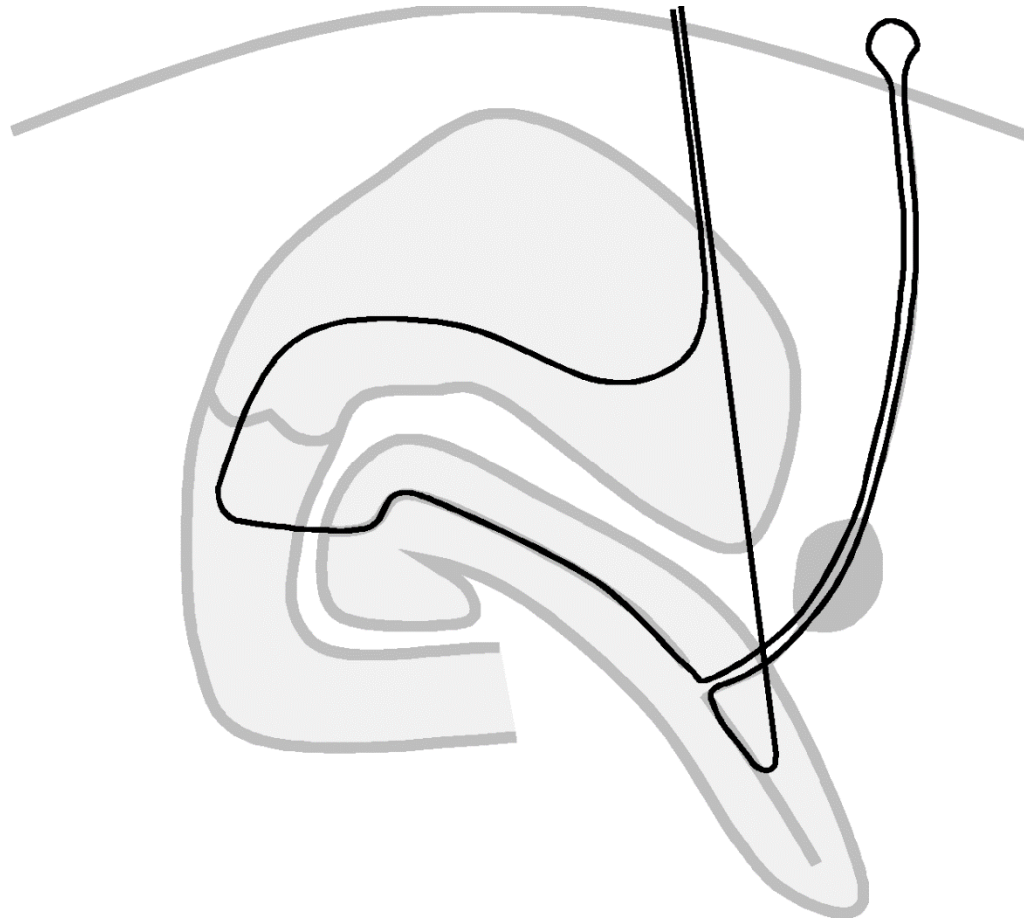
Pancreatic duct drain



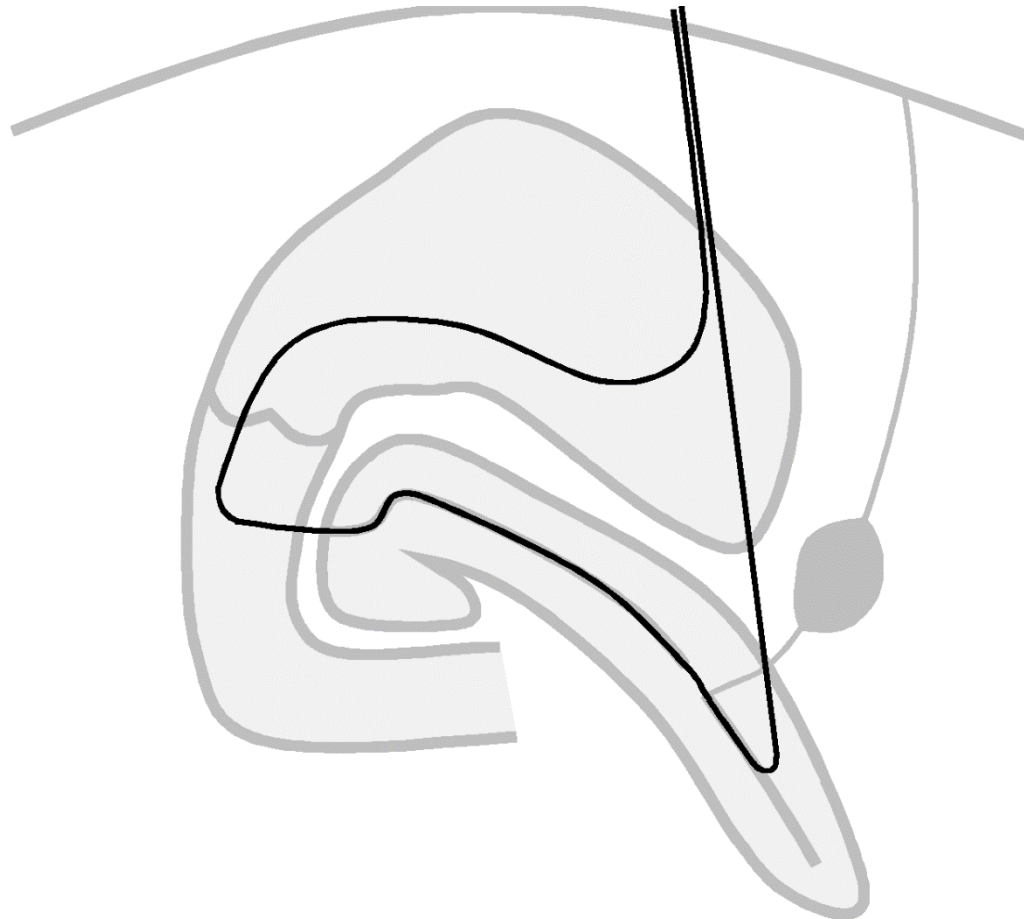
Pancreatic duct drain



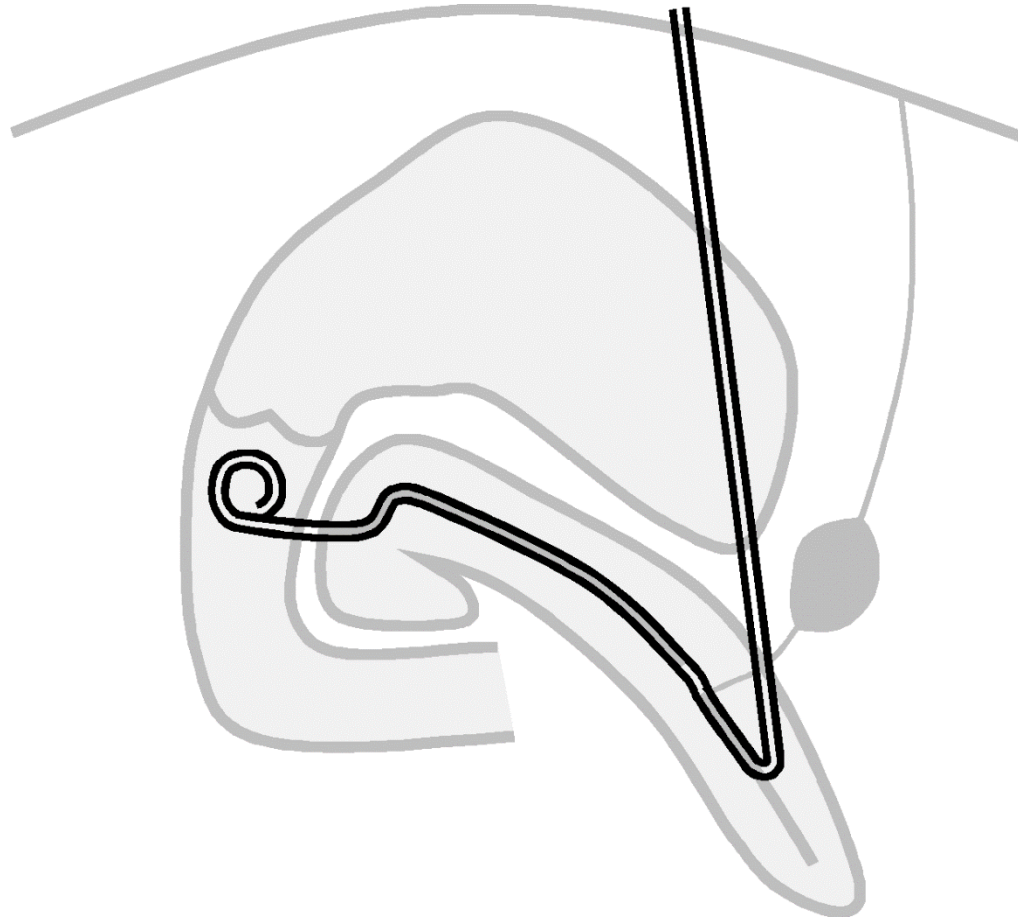
Pancreatic duct drain



Pancreatic duct drain



Pancreatic duct drain



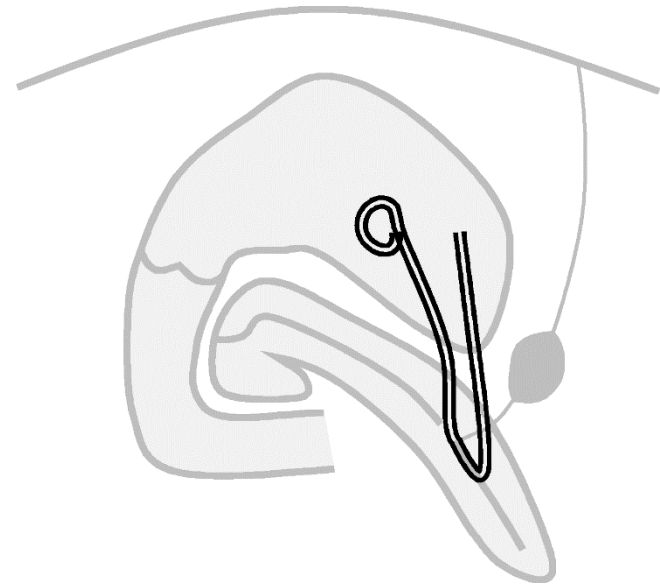
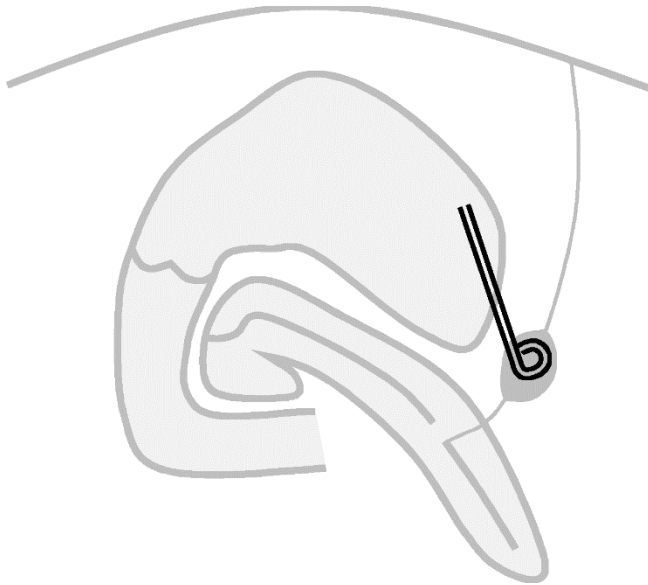
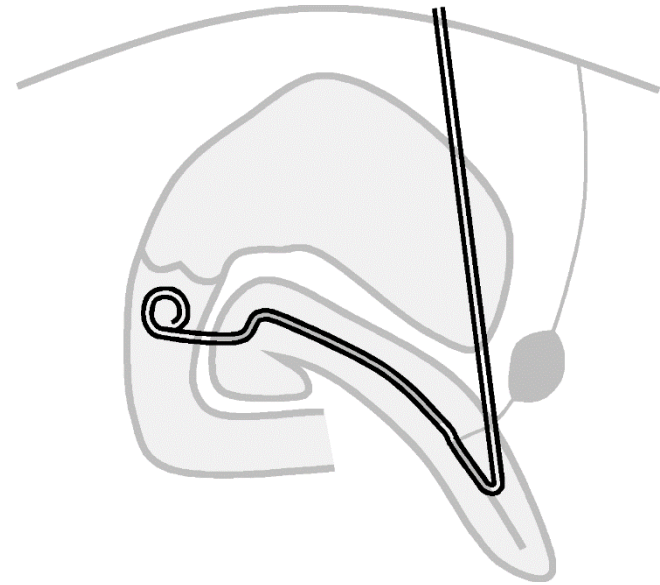
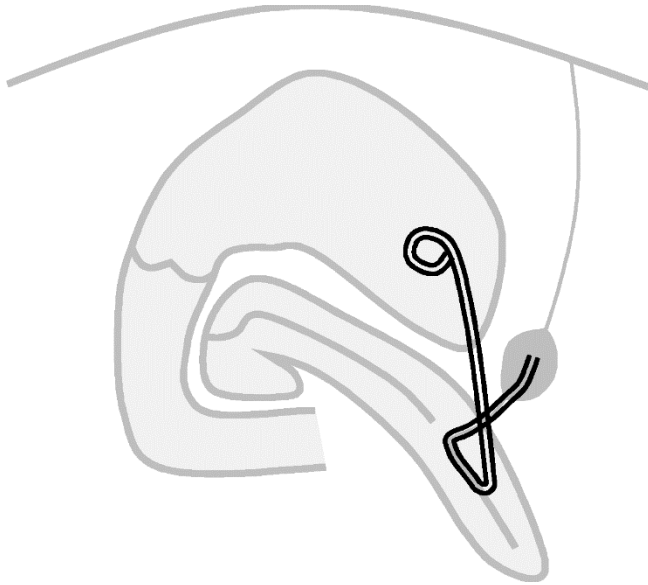
Pancreatic duct drain



Methods

- 6 patients with pancreaticocutaneous fistulas
 - 5 patients with pancreatitis
 - 1 patient status post ganglioneuroma resection
- All patients failed conservative therapy
- Transgastric pancreatic duct or fistula drains kept in place for an average of 4 months

Methods



Results

- 4 of 6 patients: Fistula resolved (average 27 month follow up)
- 1 of 6 patients: cystenterostomy
- 1 of 6 patients: percutaneous cystgastrostomy

Conclusions

- Refractory pancreatic fistulas can be managed with transgastric pancreatic duct drains
- Non-dilated pancreatic ducts can be accessed using a snare-target technique
- Transgastric drains allow for internal drainage of the pancreatic duct