Targeted transgastric drainage of persistent pancreaticocutaneous fistulas

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Disclosures

• None
Pancreaticocutaneous fistula

- stomach
- pancreas
- pancreatic duct disruption
- 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
Pancreatic tail drain
Pancreatic tail drain
Pancreatic tail drain
Pancreatic tail drain
Pancreatic duct drain
Pancreatic duct drain
Pancreatic duct drain
Pancreatic duct drain
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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