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COMPARATIVE ANALYSIS OF LONG-TERM RESULTS OF SURGICAL TREATMENT IN POSTNECROTIC PANCREAS CYSTS**Nazyrov F.G., Akbarov M.M. Egamov B.Yu.**Republican specialized scientific - practical medical center of surgery
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Relevance: The frequency of cysts and cystic formations of the pancreas is steadily increasing every year. This is due to many factors: an increase in the incidence of acute pancreatitis, an increase in the incidence of traumatic injuries of the pancreas, an increase in the incidence of destructive pancreatitis of various etiologies, as well as a high incidence of opisthorchiasis in the population of endemic regions. Approximately 25% of patients with chronic pancreatitis have a cystic lesion of the pancreas. [1] One of the serious problems of hepatobiliary surgery is the surgical treatment of cystic lesions of the pancreas. This disease is characterized by a high percentage of relapses after surgical interventions [7] Cystic transformation of the pancreas is most common in adults, this pattern is more associated with social problems of society, in particular alcohol abuse Rapid expansion of data on the general views of the pancreas, its physiology was observed at the beginning XIX century. In the mid-late 19th and early 20th centuries, important data were obtained on the physiological role of the organ, along with this, ideas about the clinic, symptomatology, and diagnosis of diseases of the organ began to take shape [8]. Most pancreatic cysts are asymptomatic and are most often detected incidentally during diagnostic studies performed for symptoms or causes unrelated to the cyst.[2,7] Rarely, the primary clinical presentation may be due to a symptomatic cyst and manifest as acute pancreatitis, jaundice, bleeding, or a palpable mass.[4]

In regions not equipped with imaging technology, or under limited criteria, pancreatic cysts may be found in later stages, thus referring to their larger size or progression to neoplasia. The most common presentation in patients with symptomatic cysts is pain. Pain may be a warning factor for possible malignant transformation, especially in post-pancreatic pseudocysts, while the risk of malignancy may be associated with the duration of symptoms [3,5,6].

The main indicators of the effectiveness of surgical treatment of patients with pancreatic cysts include the frequency of recurrence of the disease and social and labor rehabilitation of patients. The literature indicates that the long-term results of surgical treatment for cysts, pancreas, especially complicated forms, have not been studied enough. For an objective assessment of the results of surgical treatment for cysts of the pancreas, along with a clinical examination of patients in the long-term period, a questionnaire was conducted. If it was impossible for the patient to arrive, the results of an outpatient examination at the place of residence (ultrasound, extracts, epicrises and questionnaires) were requested.

Aim of the investigation: To improve the results of surgical treatment in patients with postnecrotic pancreatic cysts.

Materials and Methods: Of 105 patients with pancreatic cysts, 101 patients were discharged. A total of 83 (82.2%) patients were examined. Examination and questioning were carried out after 1 and 3 years. Particular attention was paid to the patient's clinical condition, the presence of cyst recurrence, signs of chronic pancreatitis, the state of external and intrasecretory function of the pancreas, and social and labor rehabilitation

was taken into account. In cases where the patient needed to be hospitalized, a complex of laboratory diagnostic methods was performed, according to the indication, instrumental and radiation methods of research (X-ray of the stomach and duodenum, Endoscopic investigations).

The general condition of the patient was assessed by the dynamics of changes in body weight, compliance with the diet, taking into account the conclusions of doctors - gastroenterologists and endocrinologists.

The patient's recovery was recorded according to the following criteria:

- absence of complaints;
- no recurrence of a cyst or external pancreatic fistula, confirmed by special examination methods;
- not following a strict diet;
- work capacity.

The criteria for improving the general condition were:

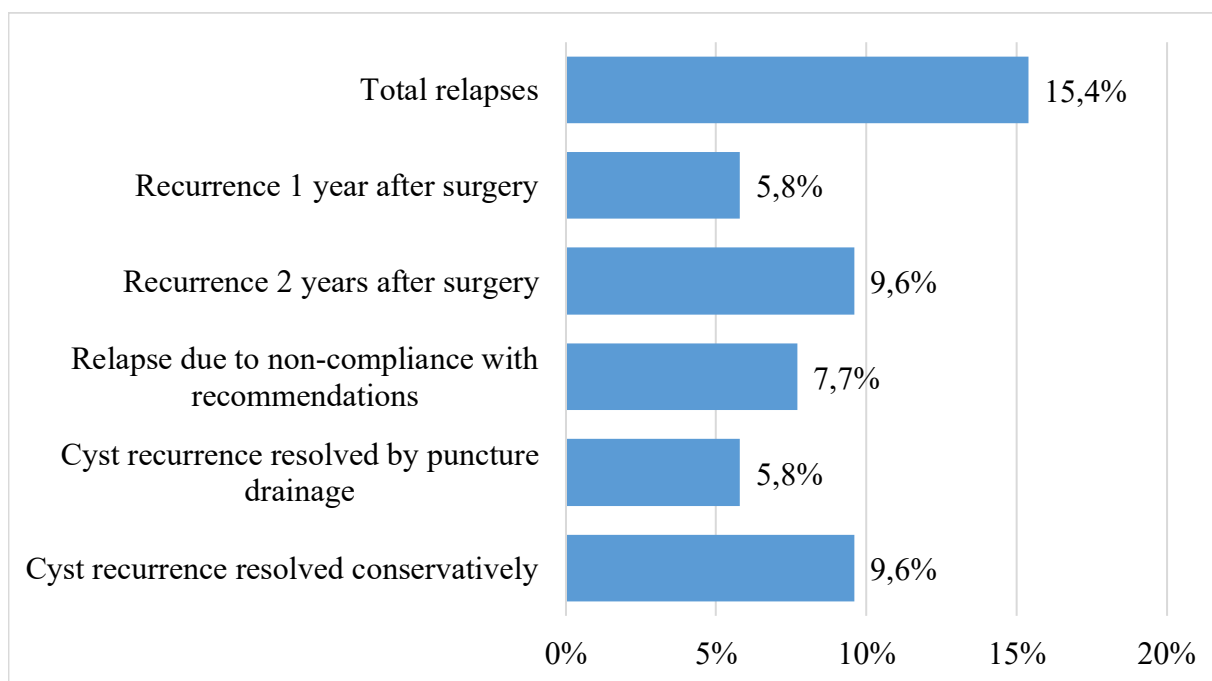
- Complaints of recurrent pain in the upper abdomen, limiting ability to work;
- no recurrence of a cyst or external pancreatic fistula;
- development of a mild degree of diabetes mellitus.

Results of the study: The result was recognized as unsatisfactory in case of cyst recurrence, the formation of an external pancreatic fistula, the occurrence of secondary diabetes requiring systematic treatment, attacks of chronic recurrent pancreatitis.

After traditional drainage of the pancreas cyst cavity, 63 out of 65 patients were discharged. In the remote period, 52 (83.9%) patients were examined.

In 2 (3.8%) patients, recurrent pancreatic fistula periodically, with an interval of one month, opened on the skin, and eventually closed on its own. Against the background of conservative treatment and a strict diet, the intervals between fistula ruptures to the skin lengthened. The fistula closed completely one year after the operation. Despite the development of secondary DM, the patient retained his ability to work.

A year after discharge, 3 (5.8%) patients had recurrence of pancreatic cysts (Fig. 4.3). According to ultrasound data, the size of the cyst was 5?4 cm, with clear contours and homogeneous liquid contents, without sequesters. The cyst walls had a pronounced fibrous capsule. The clinic performed puncture drainage of the cyst with its obliteration in the future. In the process of monitoring patients for 2 years, no recurrence of the cyst was noted. In 5 (9.6%) patients, pancreatic cyst recurrence occurred after 2 years. According to ultrasound, the cysts were a cavity 2.5?3 cm in size, had an oblong shape with uneven contours with or without a liquid component. The general condition of the patients did not worsen, they performed their usual work. Due to the small size of the cysts, surgical treatment was not used. Within 6 months, the cysts decreased in size to complete obliteration.

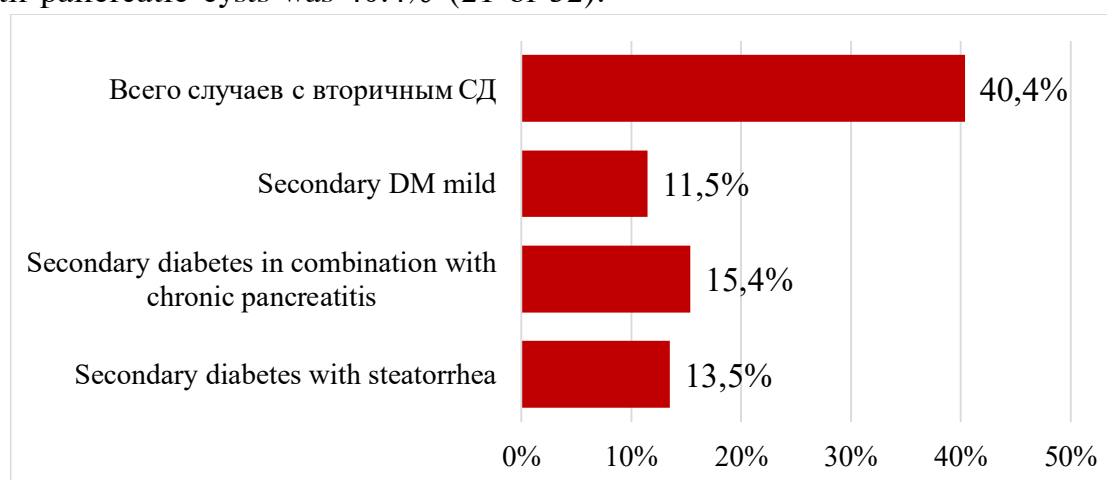


Picture 1. The frequency of recurrence of pancreatic cysts after traditional drainage

The frequency of recurrence of the disease after external drainage of the cavity of the cyst of the pancreas was 15.4% (8 out of 52).

In 7 (13.5%) patients, chronic pancreatitis with symptoms of steatorrhea and secondary diabetes, which did not require systematic treatment, developed within 3 years after surgery. In 8 (15.4%) patients, shingles pain was noted after eating with symptoms of chronic pancreatitis, decreased tolerance to the glucose test. Patients received conservative symptomatic and substitution therapy with compensation for the excretory and endocrine functions of the pancreas.

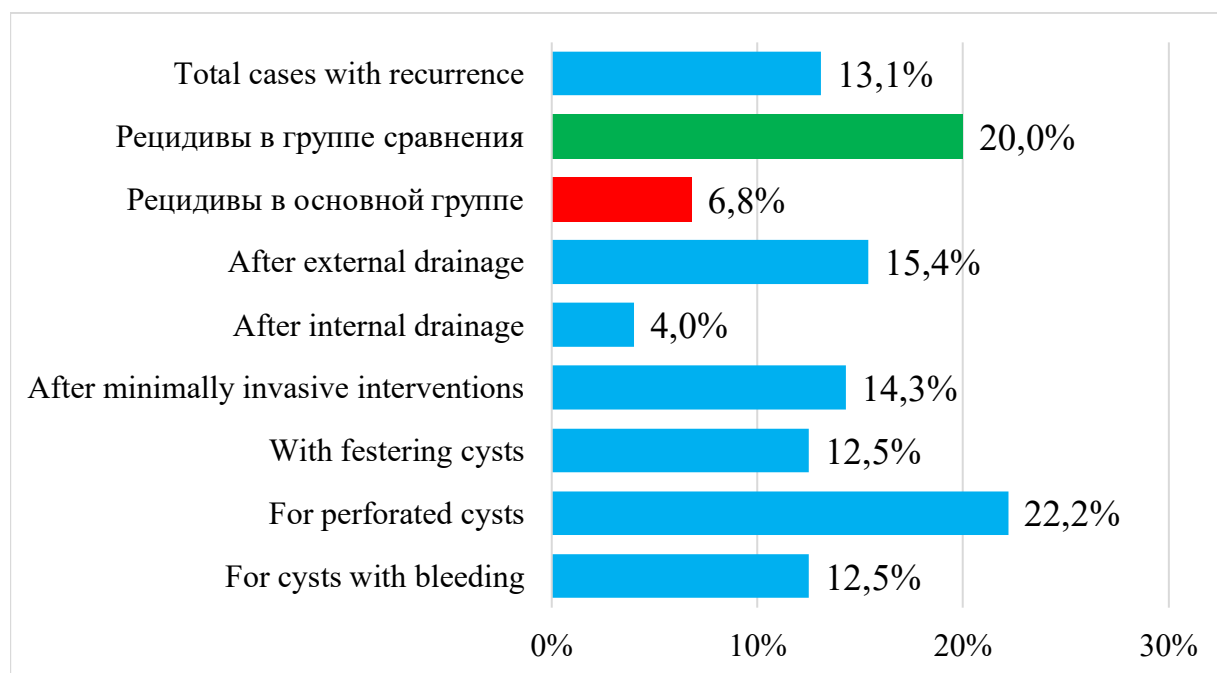
When examined after 3 years, 6 (11.5%) patients developed mild secondary DM. On the background of the diet and oral hypoglycemic drugs, normoglycemia was achieved. All patients gained weight, were able to return to professional duties, the incidence of secondary endocrine dysfunction of the pancreas after surgical treatment of patients with pancreatic cysts was 40.4% (21 of 52).



Picture 2. Frequency of observations with secondary DM after traditional drainage of pancreatic cysts

The results of treatment after operations with internal drainage of pancreatic cysts were studied in 25 (86.2%) of 29 discharged patients. Questionnaire and examination data showed a satisfactory condition of patients, only 3 (12.0%) patients, 2 of whom underwent cystogastrostomy, 1-cystoduodenostomy, observed recurrent pain in the upper abdomen after diet errors. Subject to the diet, the pain was stopped without hospitalization of patients. Recurrence of pancreatic cyst was noted in 1 (4.0%) patient, resolved by conservative measures. All patients after internal drainage of pancreatic cysts in the long-term period were able-bodied. 1 patient after resection of the pancreas retained his ability to work, feels satisfactory despite periodic pain in the upper abdomen, dyspeptic disorders associated, as a rule, with an error in the diet. If you follow the diet and take enzyme preparations, the patient's condition returns to normal. After complex treatment using minimally invasive technologies, all 7 patients were discharged. In the long-term period, in 1 (14.3%) cases (after 7 months) re-formation of the cyst was noted, due to non-compliance with recommendations for further treatment. The diameter of the recurrent cyst was 4 cm. Active actions were not performed. On the background of the diet and intake of enzyme preparations, complete resorption of the cyst was noted within 1.5 months. In another case, the diameter of the cyst was 6 cm. The patient underwent a single puncture with aspiration of the contents. Dynamic observation did not reveal a recurrence of the cyst.

The analysis showed that the frequency of recurrence of the disease in the long-term period after surgical treatment of patients with pancreatic cysts was 13.1% (11 of 84 patients). The recurrence rate decreased from 20% (8 out of 40) in the comparison group to 6.8% (3 out of 44) in the main group. The highest frequency of pancreatic cyst recurrence was noted after external drainage - 15.4% (8 out of 52) (Fig. 4.5). With suppuration, the frequency of cyst recurrence was 12.5% (3 out of 24); with cysts complicated by perforation, in 22.2% (4 out of 81) of cases; 12.5% (2 out of 16) - after surgery for pancreatic cysts with bleeding



Picture 3 Frequency of disease recurrence after surgical treatment of patients with pancreatic cysts

Conclusions: The best results are obtained after internal drainage operations. However, these interventions are associated with the risk of postoperative complications and are not always feasible. Therefore, external drainage should be considered the operation of choice. Minimally invasive methods of treatment are promising if the indications for their use are observed.

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