

DISTAL PANCREATIC RESECTION IS SAFE IN PATIENT WITH TRAUMATIC PANCREATIC INJURY

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Introduction. Distal pancreatic resection (DPR) in the setting of abdominal trauma is uncommon. The aim of the study is to determine the perioperative outcome of DPR in patients with penetrating (PAT) and blunt abdominal trauma (BAT).

Methods. Consecutive patients undergoing DPR secondary to abdominal trauma from Jan 1995 to Jan 2005 were retrospectively reviewed and analyzed.

Results. There were 15 patients (9 M, 6 F), with a mean age of 18 years old, with BAT in 12 and PAT in 3 and multiple extra abdominal injuries in 4 patients. Shock was present in 4 and abdominal pain in 11 patients with 3 BAT patients with delayed presentation. Pancreatic injury was diagnosed by pre-operative CT in 10 and intraoperatively in 5. Partial and full pancreatic transection were occur in 4 and 11 patients. 7 patients (47%) had their spleen preserved. Concurrent intra-abdominal organ injury which required repair and/or resection, occurred in 9 patients (6 with BAT and 3 with PAT). There were eight bowel injuries, five splenic injuries, two diaphragmatic injuries, one liver/aortic injury. One patient (6%) with PAT of aortic and liver died postoperatively. 4 patients had a second look laparotomy. Perioperative morbidity occurred in 6/14 patients (43%) with 1 low output pancreatic fistula. The mean hospital stays were 12 days with 3 patients required hospital re admission. Mean follow-up was 16 months with 1 patient had chronic back pain and no patients had any adverse sequelae of pancreatic resection.

Conclusions. Traumatic injury to body and tail of pancreas may be accurately diagnosed with CT scan or intra-operatively without ductal contrast pancreaticography. Perioperative mortality in trauma patients who had DPR is dependent on associated major vascular injury. Regardless of the mechanism of injury, DPR can be performed with low perioperative mortality and without apparent significant long-term sequelae.