

Bracy procedure with ductal mucosal pancreaticogastrostomy and an internal stent for pancreatic complex deep injury: how to do it

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Abstrak

ABSTRACT

Pancreatic complex deep injury extending to the main pancreatic duct (MPD), caused by strong external forces such as traffic accidents, is lethal without emergency surgery. However, the best surgical procedure for this serious injury has not been established. The Bracey procedure is a relatively simple reconstructive technique involving pancreaticogastrostomy, but it is often followed by postoperative complications, such as dilatation of the MPD caused by anastomotic stenosis, as well as subsequent serious sequela such as repetitive pancreatitis and new-onset pancreatic diabetes. It is possible that the combination of ductal mucosal pancreaticogastrostomy (DMPG) and an internal stent might prevent anastomotic stenosis of the MPD. We found that the Bracey procedure was a safe and effective reconstructive procedure for five patients who suffered a pancreatic complex deep injury with MPD involvement. In three of these patients, postoperative dilatation of the MPD was prevented by combining the Bracey procedure with DMPG including an internal stent. Our experience suggests that this procedure is one of the best techniques for treating pancreatic complex deep injury extending to the MPD.