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A NEW MINIMALLY INVASIVE TECHNIQUE FOR THE TREATMENT OF NECROTIZING PANCREATITIS: ENDOSCOPIC RETROPERITONEAL NECROSECTOMY AND DEBRIDEMENT (ERND)

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Objectives: Laparotomy is performed in patients with necrotizing pancreatitis, if their clinical condition is adjudged to be worsening or multiple organ failure ensues. As an alternative to laparoscopic techniques performed under general anaesthesia in the retroperitoneal space, endoscopic techniques can be used, in which local anaesthesia and sedation are sufficient to spare the patient additional surgical stress.
Patients and Methods: Between November 2006 and October 2007,3 of 41 patients presenting with proven infected pancreatic necrosis underwent endoscopic retroperitoneal necrosectomy and debridement (ERND). A 15 mm laparoscopic trocar was inserted with CT guidance under local anaesthesia into patients who had a fluid collection in the left retroperitoneal area. Necrosectomy and drainage were performed using a double-channel gastroscope and a basket catheter. After ERND, 10mm aspirative silicone drainage tube was inserted into the peripancreatic area under endoscopic guidance.
Results: Of the 7 patients from the sample of 41 who underwent open necrosectomies and drainage, 3 died (43%). Of the 3 who had ERND, 1 patient died in post-operative intensive care two weeks after the procedure (33%). Cause of death was due to the patient's critical condition and cardiopulmonary complications which rendered patient inappropriate for general anaesthesia. All of 3 patients in the ERND group were confirmed on CT scan to be free of necrotic material in the peripancreatic area post-operatively. One patient developed pancreatic fistula for which Wirsungotomy was performed. None of the patients suffered hollow viscus or vascular damage due to ERND.
Conclusion: ERND provides an effective approach to the treatment of necrotizing pancreatitis which forgoes need for open surgery under general anaesthesia. We believe that the difference will be more apparent as number of ERND cases increase since the patient goes under decreased stress due to the avoidance of general anesthesia and open surgery.