Chirurgia (Bucur). 2017; 112(1):39-45
http://dx.doi.org/10.21614/chirurgia.112.1.39

Intraluminal Postpancreatoduodenectomy Hemorrhage – Last 5 Years' Experience

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Abstract
Background: One of the most significant complications following pancreaticoduodenectomy is represented by postoperative hemorrhage.
Aim: This study undertook an analysis of the cases that presented intraluminal bleeding of mechanical gastrojejunal anastomosis following pancreatico-duodenectomy (PD) in the last five years.
Methods: From January 2012 until January 2017, 84 consecutive pancreaticoduodenectomies were performed and managed by the same surgical team. The preferred procedure of reconstruction was Whipple (76 patients). The gastrojejunal anastomosis was performed with Panther linear stapler GIA in all cases. ISGPS classification regarding postpancreatectomy hemorrhage was used to evaluate severity.
Results: Out of 84 consecutive PD, a total of 7cases of intraluminal bleeding (8.33 %) were observed, detected on average on postoperative day 4. Relaparotomy was inevitable in two patients. Three patients from the studied group with intraluminal postpancreatectomy hemorrhage died. In the studied group there were no cases of bleeding from the pancreatico-enteric or bilio-enteric anastomosis.
Conclusion: Mechanical anastomosis might be questionable, severe hemorrhage demanding urgent relaparotomy which is correlated with high mortality rates. Intralumenal postpancreato-duodenectomy hemorrhage is a significant complication whose management depends on multiple factors and with a potentially fatal outcome.
Key words: postpancreatectomy hemorrhage, pancreaticoduodenectomy, management, mortality