

comparative outcomes of this procedure and highlights the need for better standardization of the reporting of outcomes of surgery for chronic pancreatitis.

PP01-05

CONTEMPORARY MANAGEMENT OF PANCREATIC TRAUMA IN A TERTIARY HEPATO-PANCREATO-BILIARY CENTRE

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Aims: Pancreatic trauma accounts for 0.2- 1% of all trauma-related injuries worldwide. Traditionally, operative management was advocated for major pancreatic injuries. However, advances in interventional radiology and gastroenterology techniques have increased non-operative options. The aim of this study is to evaluate the management of a series of patients presenting with pancreatic injury.

Methods: Between 2015 to 2019, patients presenting to a specialist Hepato-Pancreato-Biliary (HPB) centre, with pancreatic trauma, were identified using hospital databases. Severity of injury was assessed from operative notes and radiological studies. Management and outcomes were recorded from clinical notes. These were compared with American Association for the study of Trauma (AAST) guidelines to evaluate.

Results: There were 20 patients with pancreatic trauma admitted from 2015 to 2019. 13 (65%) were male. Median (range) age was 22 (2-65) years. 10 patients were children below 18 years of age. 16 (80%) sustained blunt trauma and 4 (20%) penetrating trauma. There were no AAST Grade 5 injuries. 8 (40%) were Grade 4; 5(25%) were Grade 3 and 7(35%) were Grade 1. Overall, 16 (80%) were managed non-operatively. Of the 4(20%) who had surgery, there were 3 that underwent distal pancreatectomies and 1 pancreatoduodenectomy. 10 (50%) patients had blood or blood product transfusions on admission. Complications were due to infected collections- 9 (45%); upper GI bleed- 3(15%) and hypocalcaemia- 1(5%). There were no deaths.

Conclusions: This is a small series but the results demonstrate that a conservative policy of management of pancreatic trauma is associated with acceptable outcomes.

PP01-06

FOUR CASES OF IGG4-RELATED PANCREATITIS PREOPERATIVELY DIAGNOSED AS MALIGNANCY

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IgG4-related pancreatitis is known to be difficult to distinguish from pancreatic or bile duct cancer. Though endoscopic ultrasound-fine needle aspiration is useful for diagnosis, it is not easy to completely rule out malignancy. Four cases IgG4-related pancreatitis who underwent resection were enrolled at our institute from 2000 to 2019 in the study. Preoperative diagnoses of two cases were bile

duct cancer and the two others were pancreatic cancer. Preoperative diagnosis was made by dynamic images of CT, MRI, ERCP, and/or subsequent cytology. These examinations couldn't rule out malignancy because biliary cytology demonstrated positive in one case and class III in another one. As a result, the resections were performed under the enough informed consent. In all four cases, the histological diagnoses were IgG4-related pancreatitis. Fortunately, all patients discharged on foot. If precise preoperative diagnosis of IgG4-related pancreatitis could be made, conservative therapy such as steroid administration might have been taken. The combination of CA 19-9 and IgG4 is considered to be useful for distinguishing patients with autoimmune pancreatitis from those with cancer. But, when malignancy such as pancreatic or bile duct cancer couldn't be ruled out, serious consequence after overlooking the possibility of malignancy should be considered. Therefore, resection could be an option for treatment under the surgeons who are familiar with such a difficult operation. Precise diagnostic method and throughout recognition seemed to be essential for IgG4-related pancreatitis.

PP01-07

A NETWORK META-ANALYSIS OF SURGERY FOR CHRONIC PANCREATITIS: IMPACT ON PAIN AND QUALITY OF LIFE

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Background: The surgical operation associated with improved pain and quality of life (QoL) in patients with chronic pancreatitis (CP) is unknown.

Method: The Scopus, EMBASE, Medline and Cochrane databases were systematically searched until May 2019 and all randomised trials (RCTs) comparing surgical operations for CP pain were included in a network meta-analysis (NMA).

Results: Four surgical operations for treating CP were directly compared in eight RCTs including 597 patients. Patients were mainly male (79%, 474/597) with alcoholic CP (85%, 382/452). Surgical operations included were pancreatoduodenectomy (224, 38%), Berne procedure (168, 28%), Beger procedure (133, 22%), and Frey procedure (72, 12%). NMA revealed that the Beger procedure ranked best for pain relief, while the Frey procedure ranked best for postoperative QoL, postoperative pancreatic fistula rate and postoperative exocrine insufficiency rate. Overall the Frey procedure ranked best for the combination of primary outcome measures based on surface under cumulative ranking curve scores.

Conclusions: Overall the Frey procedure is the best operation for both pain relief and postoperative QoL in patients with CP. New validated tools to assess CP pain and the influence of various types of pain patterns on QoL will allow future trials to better stratify patients. Given the different inclusion criteria, pain and QoL assessment and duration of symptoms, and increasing uptake of enhanced

recovery protocols, further trials are required to investigate the role of surgery for different CP phenotypes, timing of surgery and in defining the role of surgery in relation to endotherapy.

PP01-08

A CASE OF INTRAHEPATIC PANCREATIC PSEUDOCYST DEVELOPED AS A COMPLICATION OF PANCREATITIS

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Introduction: Pancreatic pseudocyst is located usually in lesser sac and peripancreatic space and is rarely developed in the liver. The intrahepatic pancreatic pseudocyst(IHPP) following acute pancreatitis is extremely rare with very limited number of clinical reports about IHPP.

Methods: A 70-year-old woman was referred because of upper abdominal pain of 3 days' duration. An abdominal CT scan revealed 11x10 cm sized cystic mass in the left lateral section of liver. On EUS findings, a huge hypo-echoic lesion with internal echogenicity was noted in the lesser sac. EUS-guided gastrocystostomy was performed and analysis of cystic fluid showed a high level of amylase (21,200 U/L). After the endoscopic procedure, severe abdominal pain developed and physical examination showed peritoneal irritation sign. An emergency operation was performed.

Results: On operation findings, a huge cystic tumor was located in the left lateral section of liver without direct communication with pancreas. However, mass-like necrotic tissue was filled with in the hepatoduodenal ligament, hepatogastric ligament, and Glisson sheath of the left hepatic lobe. Left lateral sectionectomy was performed. Pathologic examination confirmed the pseudocyst with findings of non-epithelialized granulation tissue of the cystic wall.

Conclusion: IHPP should be considered when a huge intrahepatic cystic lesion is found in patients with recent episodes of pancreatitis. The high level of amylase on cystic fluid analysis plays a key role in the diagnosis of IHPP. Drainage procedure or surgical resection can be considered, if necessary, for the treatment of IHPP.

PP01-09

SPLenic ARtery Embolization FOR THE TREATMENT OF GASTRIC VARICEAL BLEEDING CAUSED BY SPLenic VEIN THROMBOSIS IN NECROTIZING PANCREATITIS: REPORT OF A CASE

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Introduction: Splenic vein thrombosis(SVT) is a relatively common finding in pancreatitis and SVT associated gastric variceal bleeding(GVB) could be sometimes a life-threatening complication. Traditionally splenectomy is

considered the treatment of choice for SVT, however, surgical procedure in necrotizing pancreatitis is difficult and risky because of severe inflammation, adhesion, and bleeding tendency. Herein, we report a case of GVB secondary to SVT complicated by necrotizing pancreatitis which was successfully treated with splenic artery embolization(SAE).

Methods: A 42-year-old man was referred to our hospital for treatment of a necrotizing pancreatitis. Initial intensive medical treatment was performed and following operative necrosectomy was done after 8 weeks from admission. On postoperative day 13, hematemesis developed and abdominal CT scan revealed extravasation of contrast media at gastric cardia and fundus. Emergency EGD was fail to control the bleeding due to ongoing active bleeding. Emergency angiography was performed and celiac arteriography revealed no active bleeding from arterial system. Under suspicion of GVB SAE was performed.

Results: After SAE, splenic blood flow was remarkably decreased and bleeding stopped immediately, and no more episode of gastrointestinal bleeding was observed. An abdominal CT scan 2 days following the SAE showed no more active bleeding and small splenic infarction less than only 10% of total splenic volume was observed.

Conclusion: SAE could be the best treatment option for gastric variceal bleeding when splenectomy is difficult such as in case associated with severe acute pancreatitis or associated with severe adhesion, or when in patients with high operation risk.

PP01-10

CROSSTALK BETWEEN INFLAMMATION AND COAGULATION IN ACUTE KIDNEY INJURY IN EXPERIMENTAL AND CLINIC ACUTE PANCREATITIS

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Background: Acute pancreatitis (AP) is an inflammatory syndrome with unpredictable progression to systemic inflammation and MODS. Acute renal failure (ARF) is an early severe complication of AP.

Materials and methods: AP was induced in 42 Wistar albino rats by intraperitoneal injection with 3 g/kg L-ornithine-HCl in 26 rats - control group. In experiment we determined the levels of amylase, creatinine, H₂S, fibrinogen and time of recalcification in serum, activity of NO-synthase and myeloperoxidase in pancreas, the pathological changes of pancreas and kidneys were shown by hematoxylin and eosin staining.

We examined 98 patients with moderate AP and 57 patients with severe AP. Disorders of kidney function were in 48 patients. We determined the creatinine level, indicators of hemostasis and inflammation.

Results: In rats ARF was proved by histology. The concentration of creatinine in serum increased at 86.86%. The level of creatinine directly correlated with myeloperoxidase and activity of iNOS in the pancreas, amylase in serum, reverse with H₂S in serum. ARF was accompanied by hypercoagulation.

Relationship of inflammation and hemostasis in patients with AP and ARF is accompanied by decreased of aPTT,