



AB001. 216. Pancreatic necrosectomy: a revised role in clinical practice

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Abstract: The role of pancreatic necrosectomy has been revised substantially over the last two decades. While previously widely employed in the management of infected pancreatic necrosis, current practice emphasises the use of radiologically placed drains in the ‘Step-up’ approach as outlined in the PANTER trial. Pancreatic necrosectomy is still a viable treatment option in patients who fail to progress in spite of radiological management. We will present the case report of a 56-year-old gentleman admitted with alcohol induced pancreatitis who subsequently

developed infected pancreatic necrosis. The patient was initially managed with the ‘step-up’ approach of radiological drainage, with frequent drain upsizing over the course of 3 weeks. In spite of this, adequate source control was not achieved, and the decision was made to progress to pancreatic necrosectomy. A good clinical outcome was achieved. With the aid of intra-operative video, the revised indications and process of open pancreatic necrosectomy will be outlined. The current literature will be discussed. Selective pancreatic necrosectomy remains an effective procedure in a small group of patients with infected pancreatic necrosis, who fail to progress in spite of optimum radiological management.

Keywords: Pancreatitis; necrosectomy; debridement

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