

EXPERT REVIEW

Recommendations for Pancreaticogastrostomy Safer than Pancreaticojejunostomy

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ABSTRACT

Creating a surgical route between the transected end of the pancreatic and the stomach is called Pancreaticogastrostomy. Patients with a narrow pancreatic duct (3 mm) and soft pancreatic tissue should use this procedure. The posterior exterior wall of the anastomosis is created by inserting 8 to 12 interrupted 4-0 sutures between the pancreas's posterior side and the jejunal wall. Pancreaticojejunal anastomoses are surgical procedures used to treat chronic pancreatitis and after pancreatic cancer removal. Bilioenteric anastomosis strictures are a common consequence of biliary surgery, resulting in recurrent choledocholithiasis, biliary cirrhosis, and hepatic failure. Bilioenteric reconstruction surgery is the standard treatment for such problems.

INTRODUCTION

A pancreaticojejunal anastomosis leakage causes operative death after pancreatoduodenectomy. Pancreaticogastrostomy has been utilized only in rare cases. Following pancreatoduodenectomy, 17 patients (12 with malignant tumours and 5 with chronic pancreatitis) had pancreaticogastrostomy. There was no surgical mortality and no leakage from the pancreaticogastrostomy. Our findings are consistent with published data on pancreaticogastrostomy; the cumulative fatality rate includes our findings. Many advantages of this approach, such as trypsin neutralization by gastric acidity and the likelihood of nasogastric suction upon contact with the anastomosis, can explain these excellent findings. Endoscopic examination can also easily confirm the permeability of the pancreatic duct. External pancreatic insufficiency, on the other hand, does not appear to occur in long-term follow-up. These findings show that this easy and safe technology deserves to be used more widely [1].

While pancreatic anastomosis failure is associated with a high morbidity rate and contributes to longer hospitalization and mortality, pancreatic reconstruction after pancreatoduodenectomy is critical in minimizing

postoperative problems. Several procedures for reconstructing pancreatic digestive continuity have been developed in an attempt to reduce the incidence of a pancreatic fistula. The purpose of this study was to compare the outcomes of pancreaticogastrostomy versus pancreaticojejunostomy after Parkinson's disease [2].

Pancreatic cancer is the world's seventh leading cause of cancer-related death. Its toll, however, is higher in more developed countries. The reasons for such disparities in pancreatic cancer mortality rates are not entirely clear, but they may be due to a lack of appropriate cancer diagnosis, treatment, and documentation. Pancreatic cancer remains one of the most lethal malignant neoplasms that caused new deaths because patients rarely exhibit symptoms until the disease is advanced [3].

To determine whether pancreaticogastrostomy or pancreaticojejunostomy is the better reconstructive approach for reducing postoperative problems after pancreatoduodenectomy, particularly pancreatic fistula. PF is a serious consequence of Parkinson's disease. The optimum reconstructive strategy for reducing the occurrence of PF is debatable. We conducted this meta-analysis to compare PG and PJ [3].

Surgical reconstruction after pancreatoduodenectomy has a high morbidity and mortality rate. Because of the wide range of problem definitions, it is unclear whether there is a difference in complication rates following the two most prevalent methods of reconstruction, pancreaticogastrostomy and pancreaticojejunostomy. A meta-analysis of four RCTs using ISGPF criteria and seven RCTs using non-standard criteria found that PG, when compared to PJ, reduced the incidence of POPF after PD [4].

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Postoperative morbidity, mortality, and patient quality of life are all linked to the method of pancreatic reconstruction used after pancreaticoduodenectomy. The goal of this study is to determine which anastomosis strategy - pancreaticogastrostomy or pancreaticojejunostomy - is superior in terms of postoperative complications. There is currently insufficient information to establish that PG is preferable to PJ in terms of postoperative complications for patients undergoing PD. A systematic classification of pancreatic fistula and other intra-abdominal problems could allow for an objective and valid comparison between PG and PJ. In terms of postoperative biliary fistula, intra-abdominal fluid collection, pancreatic fistula, morbidity, and mortality, there were substantial variations between PG and PJ. The entire analysis found substantial differences in intra-luminal [5].

CONCLUSION

This shows that pancreaticogastrostomy is the most successful treatment for restoring pancreatic continuity following pancreaticoduodenectomy. However, the benefit

of the latter could be established in future RCTs that include just patients at high risk of developing pancreatic fistulas.

References

1. Icard P, Dubois F. Pancreaticogastrostomy following pancreaticoduodenectomy. *Ann Surg.* 1988;207:253-256. [PMID: 3345112].
2. Guerrini GP, Soliani P, D'Amico G, Di Benedetto F, Negri M, Piccoli M, et al. Pancreaticojejunostomy versus pancreaticogastrostomy after pancreaticoduodenectomy: An up-to-date meta-analysis. *J Invest Surg.* 2016;29:175-184. [PMID: 26682701].
3. Qin H, Luo L, Zhu Z, Huang J. Pancreaticogastrostomy has advantages over pancreaticojejunostomy on pancreatic fistula after pancreaticoduodenectomy. A meta-analysis of randomized controlled trials. *Int J Surg.* 2016;36:18-24. [PMID: 25042895].
4. Ma J, Peng L, Qin T, Lin J, Chen C, Cai S, et al. Meta-analysis of pancreaticoduodenectomy prospective controlled trials: pancreaticogastrostomy versus pancreaticojejunostomy reconstruction. *Chin Med J.* 2012;125:3891-3897. [PMID: 23106894].
5. He T, Zhao Y, Chen Q, Wang X, Lin H, Han W. Pancreaticojejunostomy versus pancreaticogastrostomy after pancreaticoduodenectomy: A systematic review and meta-analysis. *Dig Surg.* 2013;30:56-69. [PMID: 23689124].