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Summary

POST-PANCREATECTOMY DIARRHEA: INCIDENCE, RISK FACTORS, AND IMPACT ON QUALITY OF LIFE. A PROSPECTIVE LONGITUDINAL ANALYSIS

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Post-pancreatectomy diarrhea affects 41.4% of patients at 30 days and persists in 32.9% at 90 days despite near-universal pancreatic enzyme replacement therapy use, with substantial negative impact on quality of life.

KEY POINTS

- In a prospective study of 237 patients undergoing pancreatic resection, post-pancreatectomy diarrhea (defined as at least 3 bowel movements per day with Bristol type 6-7 stool) occurred in 31.6% at 7 days, 41.4% at 30 days, and 32.9% at 90 days.
- At 30 days, diarrhea was significantly more frequent after total pancreatectomy (61.5%) and pancreatoduodenectomy (49.6%) than after distal pancreatectomy (22.0%, p<0.001).
- Among patients with diarrhea at 30 days, 52.0% reported urgency, 69.4% abdominal discomfort, and 18.4% fecal incontinence, with severity consistently associated with worse quality of life scores.
- Despite pancreatic enzyme replacement therapy use in 96.9% of affected patients at 30 days (median dose 80,000 lipase units/day), 37.2% also required anti-diarrheal therapy.
- Independent predictors of moderate-to-severe diarrhea included pancreatic ductal adenocarcinoma (OR 2.69, p=0.024), vascular resection (OR 3.12, p=0.018), and arterial divestment (OR 3.71, p=0.030), while distal pancreatectomy was protective versus pancreatoduodenectomy (OR 0.25, p=0.011).
- The abstract concludes that high-risk patients may benefit from early tailored management and multidisciplinary follow-up.

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