Pancreatic resection: How much to cut?

Ihsan Ekin Demir

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Surgery | Pancreas | Endoscopy

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The speaker presented evidence supporting early surgery over endoscopy for pain control in chronic pancreatitis, emphasizing that surgery within three years of diagnosis yields better long-term outcomes and that procedure selection should be based on pancreatic morphology.

KEY POINTS

- Multiple randomized trials and a 2024 meta-analysis showed that surgery provided better pain control and required fewer interventions compared to endoscopy, according to the speaker
- The ESCAPE trial, which randomized 88 patients across 30 hospitals, reported that early surgery resulted in lower pain scores at 18 months, with long-term follow-up at 98 months showing nearly half of early surgery patients maintained complete pain relief versus 20% in the endoscopy-first group
- Patients who converted from endoscopy to surgery had higher pain scores than those who received early surgery, the speaker stated
- A Heidelberg trial randomizing 550 patients found no significant difference in mortality, fistula rates, pain, or quality of life between Whipple procedure and duodenum-preserving pancreatic head resection
- The speaker recommended that surgical approach should be tailored to pancreatic morphology, with duodenum-preserving procedures for inflammatory head masses, Whipple for patients with duodenal stenosis, and drainage operations for duct obstruction without head mass
- The speaker emphasized that pancreatic surgery should be performed in high-volume specialized centers where mortality rates are lower, and advocated for multidisciplinary board discussion of cases

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