Summary: Management of pancreatic diseases - Knife or scope?

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Education & Training | Endoscopy | Pancreas | Surgery

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The speaker reviewed multidisciplinary management approaches for pancreatic stones, strictures, disconnected pancreatic duct syndrome, and pancreatic cysts, emphasizing careful patient selection and teamwork.

KEY POINTS

- For pancreatic stones and strictures, the speaker stated that careful patient selection is critical, with surgery preferred when stones are confined to the tail, when the entire pancreatic duct is riddled with stones, when there are multiple strictures, or when malignancy is a concern.
- For disconnected pancreatic duct syndrome, which the speaker described as uncommon and occurring in a minority of acute necrotising pancreatitis patients, the speaker recommended US-guided transluminal drainage with permanent double pigtail stent placement, with surgery as backup.
- For pancreatic cysts, the speaker advised considering patient comorbidities, using MRI to identify mucinous lesions, performing CEA, glucose, amylase, cytology and potentially DNA analysis when needed, and referring patients with worrisome or high-risk stigmata.
- The speaker emphasized that pancreatic disease management requires teamwork involving advanced endoscopists, surgeons, radiologists, pathologists, nutritionists, pain specialists, and anaesthesiologists working together.

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