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Summary

# DISCONNECTED PANCREATIC DUCT SYNDROME IN ACUTE NECROTISING PANCREATITIS AND OUTCOMES OF ENDOSCOPIC ULTRASOUND-GUIDED INTERVENTIONS: A DECADE'S EXPERIENCE FROM A TERTIARY CENTRE

Rajesh Gupta

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Pancreas

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**A 10-year single-center study of 68 patients with disconnected pancreatic duct syndrome following acute necrotizing pancreatitis found that EUS-guided interventions successfully managed external pancreatic fistulas, recurrent fluid collections, and pain, though one-quarter of patients developed diabetes mellitus during mean 54-month follow-up.**

## KEY POINTS

- 68 patients with DPDS were analyzed, with alcohol as the commonest etiology (66.2%) and body of pancreas as the most common disruption site (63.2%).
- EUS-guided transmural drainage successfully closed external pancreatic fistulas in 36.8% of patients, while medical therapy with subcutaneous Octreotide achieved closure in 33.8%, and surgery was required in 11.8%.
- Recurrent pancreatic fluid collections and pain were successfully managed with EUS-guided drainage and permanent stenting, with no recurrent pain or fluid collections in patients treated endoscopically during follow-up.
- 26.5% of patients developed diabetes mellitus despite successful drainage, with 14 requiring insulin therapy.
- The study concludes that EUS-guided interventions appear safe and effective for managing clinical consequences of DPDS, though the condition results in prolonged and complicated clinical course.

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