



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



VISCERAL SURGERY VIDEOS

Percutaneous retroperitoneal debridement for the management of pseudocyst after acute necrotising pancreatitis (with video)☆



M. Di Martino^{a,*}, R. Brime Menéndez^b,
E. Martín-Pérez^a

^a HPB Unit, Department of Surgery, University Hospital La Princesa, Madrid, Spain

^b Department of Urology, University Hospital La Princesa, Madrid, Spain

Available online 17 July 2019

The principles of the ‘‘step-up approach’’ have radically changed the management of pseudocysts after acute pancreatitis [1]. Endoscopic retroperitoneal necrosectomy and video-assisted retroperitoneal debridement (VARD) represent the pillars for the management of persistent pseudocysts (or infected collections) when not responding to radiological percutaneous drainages. A recent trial has shown no superiority of the ERN when compared to the VARD in reducing major complications or death [2]. This video presents the case of a 69-year-old male patient with an episode of acute necrotico-hemorrhagic pancreatitis complicated by a peripancreatic abscess. This collection was drained twice using radiologic percutaneous drains, which were subsequently removed. This patient was then referred at 6 weeks after the onset of acute pancreatitis



Figure 1.

due to a persistent intra-abdominal abscess with sepsis. An abdominal computed tomography (CT) was performed confirming the presence of areas of pancreatic necrosis, splenic vein thrombosis with significant perisplenic collateral circulation and a peripancreatic walled off collection of 11 × 6 cm compatible with abscess (Fig. 1). The collection

☆ Article presented as oral communication at XXXII Spanish National Congress, Madrid, November 2018.

* Corresponding author.

E-mail address: marcellodima@gmail.com (M. Di Martino).

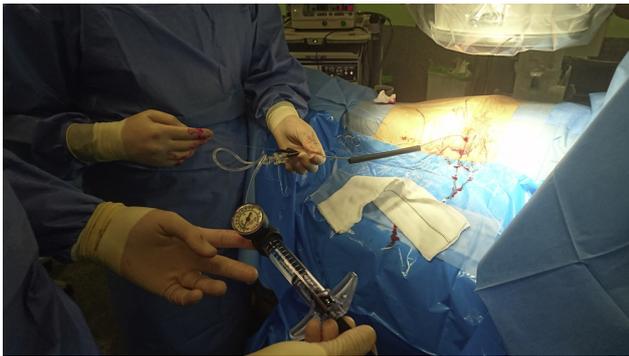


Figure 2.



Figure 3.

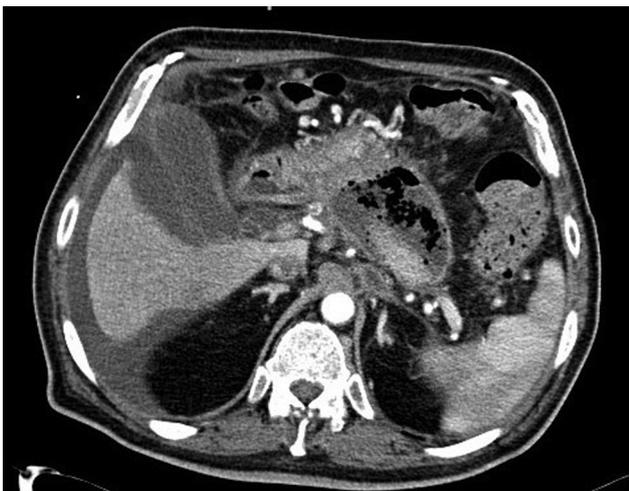


Figure 4.

was drained again using a radiological percutaneous drain and the patient was treated with intravenous antibiotics. Given to the persistence of the abdominal sepsis associated with oral intolerance requiring total parenteral nutrition, 9 weeks after the onset of the pancreatitis, the case was discussed in a multidisciplinary meeting and it was decided

to drain the remaining pseudocyst using a totally percutaneous retroperitoneal debridement (PRD) as an alternative to VARD. The patient was placed in a right semi-lateral position and a transthoracic retroperitoneal access was gained using the previous drainage catheter (Fig. 2). A metal guide was placed up to the retroperitoneal collection with confirmation by fluoroscopy. The working channel was expanded with coaxial dilators and 10 cm dilatation balloon (Fig. 3) and a 32 French Amplatz sheath was placed, allowing the exploration of the retroperitoneal cavity via a rigid nephroscope (Fig. 4). Peripancreatic debridement was performed using a Dormia basket and grasping forceps. Postoperative evolution was favorable with progressive improvement of oral tolerance. A control CT performed 10 days after the procedure, showed a clear collection size decrease. The patient was discharged two weeks after the procedure. At six months follow-up, CT-scan showed no persistent pseudocyst and the patient had a significant improvement of his general state with good oral tolerance. This video shows the different steps to perform percutaneous retroperitoneal debridement PRD. However, we acknowledge that large series are needed to further assess this approach and to compare with other minimally invasive retroperitoneal debridement techniques like the VARD.

Authors' contribution

MDM: conception and design, drafting, review; RBM: video editing. EMP: conception, review, final approval.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.jvisurg.2019.06.009>.

Disclosure of interest

The authors declare that they have no competing interest.

References

- [1] van Santvoort HC, Besselink MG, Bakker OJ, et al. A step-up approach or open necrosectomy for necrotizing pancreatitis. *N Engl J Med* 2010;362:1491–502.
- [2] van Brunschot S, van Grinsven J, van Santvoort HC, et al. Endoscopic or surgical step-up approach for infected necrotizing pancreatitis: a multicentre randomised trial. *Lancet* 2018;391:51–8.