Traumatic Transection of Pancreatic Neck in Adults

Dear Editor, we read the article of Dahiya and co-workers entitled “Conservative surgery for pancreatic neck transection” in the Polish Journal of Surgery (1). The authors reported of four adult patients with traumatic pancreatic neck transections. They suggested to place drains into the lesser sac, and put a feeding jejunostomy for the treatment of this critical condition. It was concluded by the authors that the aim of treatment should be to preserve a normal pancreas along with its exocrine and endocrine functions and also to decrease the morbidity and mortality associated with pancreatic surgery. However, all of their patients had intraabdominal pancreas-related complications, and three of them required postoperative endoscopic interventions. Patients stayed in the hospital for 2-4 weeks. Finally, three of the patients developed distal pancreatic atrophy, and the fourth patient had a silent atrophy of the body and tail of the pancreas. The authors concluded that this treatment could be used as an alternative to distal pancreatectomy or pancreaticoenteric anastomosis.

We believe that this treatment modality should not be an alternative to either distal pancreatectomy or Roux-en-Y pancreaticojejunostomy. These two well-known procedures have their advantages and disadvantages. Distal pancreatectomy is associated with lower perioperative morbidity rates than pancreaticoenteric anastomosis (2,3); however, it leads to the loss of 50-60% of the pancreas, which may result in pancreatic insufficiency in the long-term (Figure 1). Roux-en-Y pancreaticojejunostomy is an organ-saving surgery, although there is an increased risk of pancreatic anastomosis in case of emergency surgery (Figure 1).

Treating pancreatic neck transections with simple drainage seems to have the disadvantages of both previously well-known surgical procedures. After this procedure, intraabdominal complications are expected to be more common than in the case of distal pancreatectomy. After distal pancreatectomy, pancreatic secretions can leak from the closed stump, and if the simple drainage method is used, all the secretions from the proximal and distal parts of the pancreas will leak freely to the peritoneum. Hence, three of their four patients (75%) had a fistula or a collection that required interventions. Furthermore, this method had no advantage with respect to the preservation of pancreatic tissue due to the ongoing distal pancreatic atrophy (Figure 2). In their short-term follow-up, they did not notice...
any pancreatic failure due to the compensation of the healthy pancreatic head. In conclusion, this method is not an organ sparing technique and is not associated with low perioperative intraabdominal complication rates. Notably, three of the patients required repetitive interventions, and these might have increased the length of hospital stay and the costs.

In our view, simple drainage alone should be a method for damage control surgery or maybe for pediatric patients. More effective treatments for traumatic transections of the pancreatic neck should be performed in the hemodynamically stabilized patients than simple drainage.

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REFERENCES