THE CURRENT MANAGEMENT OF WALLED-OFF PANCREATİC NECROSİ

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Objective: This review aims to discuss the contemporary management of walled-off pancreatic necrosis (WOPN).

Introduction: Infected pancreatic necrosis is one of the most feared complications of acute biliary pancreatitis and, it could be highly mortal. While sterile necrosis might resolve with the above conservative measures, infected necrosis requires further intervention. In past years, WPON almost always required an open surgical debridement as described by Beger(1). In 2010, van Santvoort HC et al. showed that a step-up approach is more beneficial for patients with panreactic necrosis than conventional open surgery (2). In this study, the step-up approach means applying percutaneous drainage for pancreatic abscess followed by minimally invasive surgical interventions if drainage alone fails. According to this study, 30% of patients who underwent drainage did not require additional intervention. Moreover, WPON interventions evolved owing to recent advances in minimally invasive surgery. The most commonly used minimally invasive methods are transmural endoscopic debridement, video-assisted retroperitoneal debridement (VARD), and
laparoscopic debridement.

Methods: Medical records of patients with pancreatitis who were admitted to the Istanbul School of Medicine Department of General Surgery Trauma and Emergency Surgery Unit were reviewed retrospectively. A literature search was done using the keywords WPON, pancreatitis, and pancreatic necrosis.

Results: There were 1442 patients with pancreatitis between January 2007 and December 2019. Necrotizing pancreatitis was found in 159 (11%) patients. Forty-four patients with necrotizing pancreatitis underwent debridement. While 20 of them underwent VARD, 12 of them underwent transmural endoscopic debridement, and 11 of them underwent open surgery. Mortality rates were 38%, 32%, and 35% respectively.

Conclusion: For appropriate patients with necrotizing pancreatitis, a step-up approach of percutaneous drainage and/or minimally invasive debridement could be preferable rather than an open surgical debridement. Step-up approaches are less morbid but as effective as an open surgical debridement.

HIGH TECHNOLOGY SURGERY BARIATRIC SURGERY TRANSPLANTATION

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Ongoing nephritic sickness is popular to unfavorably have impacted the aftereffects of bariatric medical procedures. there is a lack of writing on the security and viability of bariatric medical procedures on subjective examination of patients On the planet Wellbeing Association region units at horribly progressed phases of renal unwellness. The objective of this study was to see the security and adequacy of bariatric medical procedures in the subjective examination of patients

Methods. Review survey of tentatively gathered data was led for subjective investigation of patients World Wellbeing Association went through bariatric medical procedures between Jan 2006 and Jan 2012. Age, orientation, weight record (BMI), justification for nephrosis, related co-morbidities, type of medical procedure, early and late inconveniences, and mortality were gathered.

Results. Result of the 3048 patients going through bariatric medical procedure during the review time frame, 21 dialysis patients (.7%) were recognized. Eighteen patients went through laparoscopic Roux-en-Y gastric detour (LRYGB), 2 patients went through laparoscopic sleeve gastrectomy, and 1 patient went through laparoscopic movable gastric banding. Mean preoperative BMI was 47.1±5.5 kg/m2, and BMI diminished to 35.3±8.4 kg/m2 after a mean subsequent time of 27.6 months (range = 1.4-78.0 mo). Early significant confusions (<30 long periods of medical procedure) happened in 2 patients (1 anastomotic release and 1 anastomotic injury). Four patients had a late confusion, incorporating 1 peripheral ulcer with draining oversaw endoscopically, 1 little gut block requiring laparoscopic lysis of bonds, 1 cholecystitis requiring cholecystectomy, and 1 anastomotic injury requiring endoscopic expansion. There was 1 demise in this companion, at 45 days after LRYGB, that was irrelevant to a medical procedure.

Conclusion. Persistent renal disappointment requiring dialysis ought not be viewed as a contraindication to bariatric medical procedure. Our involvement in this persistent populace has shown amazing medium-term weight reduction and an adequate (but expanded) risk/benefit proportion.