

Upper digestive hemorrhage appearing after cephalic duodeno-pancreatectomy

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Abstract

The frequency of upper gastrointestinal hemorrhage as a postoperative complication of cephalic duodenopancreatectomy remained constant for decades despite the overall decrease in the incidence of mortality occurring after cephalic duodeno-pancreatectomy. It is the second most common complication after anastomotic fistulas, but more frequently fatal, especially when the pancreas is anastomosed with the stomach. The case presented here is of a patient of 55 years age, diagnosed in our clinic with vaterian ampuloma for which was performed cephalic duodeno – pancreatectomy and gastrointestinal and hepatobiliary continuity was restored by performing termino-lateral pancreato-gastric anastomosis, termino-lateral hepato-jejunal anastomosis and termino-lateral gastro-jejunal anastomosis on a jejunal loop ascended transmezocolic. Postoperative evolution of the patient was marked by appearance of two episodes of upper gastrointestinal hemorrhage, the first being solved by relaparotomy and the second benefiting from the contribution of an endoscopic intervention. From this case, we analyze risk factors for upper gastrointestinal hemorrhage appearing after cephalic duodeno-pancreatectomy and its therapeutic modalities, starting from the fact that currently there is no consensus among experts on this matter.

Key words: upper digestive hemorrhage, cephalic duodeno-pancreatectomy, risk factors, therapeutic modalities

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