

### **Septic Remnants, A Crucial Factor in the Outcome of Suppurated Pancreatitis**

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#### **Abstract**

Scheduled reinterventions, or dictated by necessity in order to drain the septic foci occupy an important place in the surgery of the pancreatic suppurations. Approximately 50% of the operated patients require one or more reinterventions, in order to accomplish the debridement and evacuation of the necrotic-suppurative remnants. The authors reanalyze the retroperitoneal space as a center of the necrotic-suppurative processes, emphasizing over the insufficiency of the approach of the retroperitoneum only through the omental bursa. The anatomical considerations infirm the belief according to which the approach of the omental bursa would be the primary gesture of retroperitoneal access. The pancreas and the surrounding atmosphere are hosted within the anterior and posterior pararenal space. In order to avoid septic remnants it is insisted on six access pathways to the pararenal space. These ways of approach are dictated according to topography of the suppurated necrosis. Post surgical evolutionary future of the patient is directly dependent on the presence or absence of the remnants after the first surgical intervention. Evidently, the remnants will be present where the debridement and evacuation of the sepsis didn't take place- meaning all the dependencies of the pararenal space. The large, multiple drainage, closed or opened, with or without continuous lavage, can not correct the septic omissions. Partial and incomplete debridements must not be based on the corrections through the scheduled reinterventions.

**Key words:** pancreatic suppuration, debridement, retroperitoneal, suppurative remnants, pancreatic necrosis, pararenal

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