



## 6<sup>th</sup> WSES Congress 2019

**Title:** Pancreatic Trauma: A Surgeon's Challenge

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**Topic:** Abdominal emergency surgery

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**Background:** Closed pancreatic trauma injury is a general surgeon's diagnostic and management challenge depending on its classification. A delay in its diagnosis is associated with high mortality rates.

**Methods:** A scientific literature review on management and report case on grade III pancreatic trauma, managed expectantly.

**Results:** Case: 20-year-old male who presents to the emergency department with 8 hours of abdominal pain localized in epigastrium radiated to the back, with an intensity 10/10 VAS. Associated with biliary content vomiting and diarrhea. With past medical history of closed abdominal trauma 10 days before requiring hospitalization due to acute pancreatitis.

Initial laboratory results: Leucocytes: 6,730, amilase: 269, alkaline phosphatase: 113, Alanine transaminase: 31 Aspartate transaminase: 20, total bilirrubins: 1, Direct bilirrubin: 0.4 Indirect bilirrubin.

Abdominal CT scan reported an acute necrotizing collection of approximately 60cc. Also, MRI showing pancreatic collection with peripancreatic extension associated with continuity solution and distal pancreatic body and tail dilatation. A ColangiMRI was performed evidentiating a disruption in main pancreatic conduct in the neck segment.

A surgical meeting was made with general surgery, gastroenterology and radiology. Who came to the determination to continue medical management due to satisfactory clinical evolution of the patient. They recommended a strict and continuous ambulatory follow-up in one week, the RAND-36 health scale was applied with an average score of 80% in all 9 categories. Then, follow-up controls every month were made.

**Discussion:** Pancreatic injuries posterior to closed abdominal trauma have low incidence of 0.2-0.3%. The management of these type of injuries is very complex. The keystone of it is a multidisciplinary approach and requires active participation from all general surgery, nutrition, gastroenterology and radiology members.

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