Pancreatic Injury

Introduction

Injury to the pancreas is rare in adulthood. In 80% of cases, it is a combined injury, associated with an injury to the spleen , liver and duodenum.

The pancreas is well protected ventrally by the abdomen and dorsally by the spine and a massive muscle layer. Injuries are caused by direct violence (e.g. a blow to the stomach) or indirect (e.g. falling on the back from a height). Depending on the extent of the violence, these include bruises (contusions) associated with bleeding, superficial and deep cracks in the sheath and ducts, up to severe lacerations associated with tissue devitalization.

If the pancreatic injury is not initially accompanied by bleeding, **the symptoms are inconspicuous and develop over hours** : non-specific pain in the epigastrium with later peritoneal irritation; the clinical picture is analogous to acute pancreatitis . In addition to clinical examination, we rely on CT and sonography in diagnosis. The integrity of the duct system needs to be verified by an acute ERP (endoscopic retrograde pancreatography) examination.

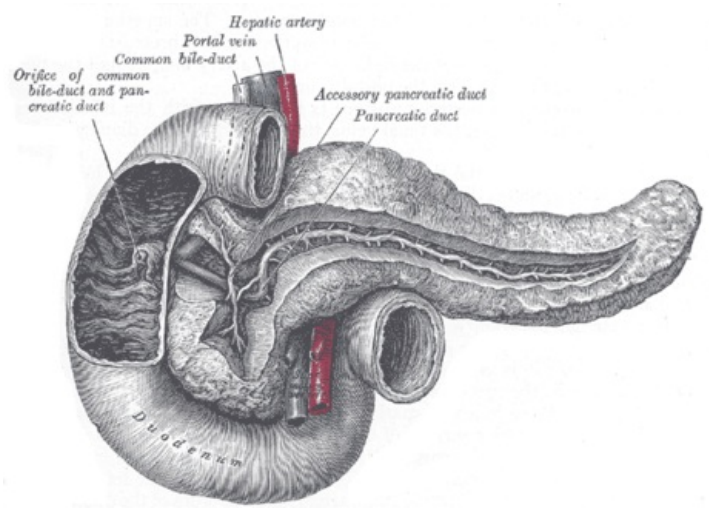
Methods of treatment and treatment

Treatment methods vary according to the extent of the injury. The following priorities apply to acute revision of the abdominal cavity:

- stopping bleeding
- solution by perforation of the GIT
- treatment of the pancreas

Treatment also depends on the extent and nature of the injury. If there is no bleeding, the treatment is conservative, consistent with the treatment of acute pancreatitis. *If an injury to the pancreatic duct (ductus pancreaticus*) is proven , the solution is a stent bridging the damaged section. Pseudocysts, abscesses or necrotizing pancreatitis are the reason for surgery or for targeted navigated drainage. We can choose several types of performance depending on the specific situation:

- distal pancreatic resection with proximal Roux-Y pancreatojejunostomy
- derivation of the head and tail to the excluded Roux-Y loop, possibly supplemented by Braun anastomosis
- duodenopancreatectomy



Pancreatic duct

The injured pancreas must be monitored and treated postoperatively.

Links

Reference

POKORNÝ, Vladimír, et al. *Traumatology.* 1st edition. Prague: Triton, 2002. 307 pp. ISBN 80-7254-277-X (https://www-wikiskripta-eu.translate.goog/w/Speci%C3%A1ln%C3%AD:Zdroje_knih/80-7254-277-X?_x_tr_sl=cs&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc) .

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