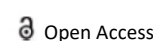




COMMENTARY



Surgical Cystogastrostomy in the Treatment of Pancreatic Pseudocysts

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Description

When a pancreatic pseudocyst is in a position where it can be drained into the stomach, a cystogastrostomy is performed to make a hole between the cyst and the stomach. By doing this, lost pancreatic fluids are preserved. A pancreatic surgeon conducts this procedure to prevent a potentially fatal rupture of the pancreatic pseudocyst.

Due to its comparable effectiveness without the high risk of complications, Endoscopic Ultra Sound (EUS)-guided cystogastrostomy, which is carried out by creating a fistulous tract through either the stomach or duodenum and the cavity of the PFC, has largely replaced surgery for the treatment of symptomatic PFCs.

Cystogastrostomy is an endoscopic outpatient surgery performed to drain a pancreatic pseudocyst that develops after acute or chronic pancreatitis. The pancreas produces hormones to regulate blood sugar, enzymes that help digest food, and bicarbonates that help neutralize stomach acid. An endoscopic cyst-gastrostomy (also known as a cystogastrostomy) was placed between the stomach and pancreas to drain a sizable pseudocyst that has since been decompressed. The procedure known as a cystogastrostomy involves making a hole or placing a stent between the pancreatic pseudocyst and the stomach in order to drain it.

Indications

Pancreatic pseudocysts with symptoms are a sign that a cystogastrostomy is necessary. Pancreatic pseudocysts are long-lasting accumulations of pancreatic fluid surrounded by a wall of fibrosis and nonepithelialized granulation tissue. They may develop as a result of inflammatory pancreatitis or pancreatic duct leaking. Bloating in the abdomen, trouble swallowing and digesting meals, and persistent pain or a severe soreness in the abdomen are common signs. If a pseudocyst is present, a lump can be felt in the middle or left upper abdomen. A pancreatic pseudocyst

can be further diagnosed *via* an abdominal CT scan, MRI, or ultrasound. Emergency surgery may need to be performed if there is a rupture of the pseudocyst. This can be detected from symptoms of bleeding, shock, fainting, fever and chills, rapid heartbeat, or severe abdominal pain.

Techniques

Surgery to perform a cystogastrostomy: Through an abdominal incision, surgical repair is performed. The cystogastrostomy is made once the pseudocyst is located and connected to the stomach wall. Despite having a high rate of success, it is rarely used due to the recovery time.

Endoscopic cystogastrostomy: A recently developed, minimally invasive technique using fluoroscopy and Endoscopic Ultra Sonography (EUS) guiding. The discovered pseudocyst is accessed with a large bore needle, which forms a fistula between the cystic chamber and either the stomach or the duodenum. Plastic stents can be used to help with pseudocyst drainage. More than 70% of pseudocysts treated endoscopically may be successful.

Laparoscopic cystogastrostomy: Due to the sophisticated instruments, this procedure, the second of two less invasive operations used to drain pseudocysts, can be completed by a single surgeon. Laparoscopic methods are used to locate and access the pseudocyst. Once the pseudocyst cavity is located, it is entered and aspirated, and an opening is created into the stomach for drainage. Laparoscopic drainage may result in better cosmetic appearance and decreased pain following surgery.

Complications

Pancreatic duct leak and pancreatic abscess can result from cystogastrostomy. The pseudocyst may get infected if stents become clogged. Additional risks include those typically connected to surgery and anaesthesia, such as bleeding.