

# Pancréatite chronique : indications et techniques chirurgicales

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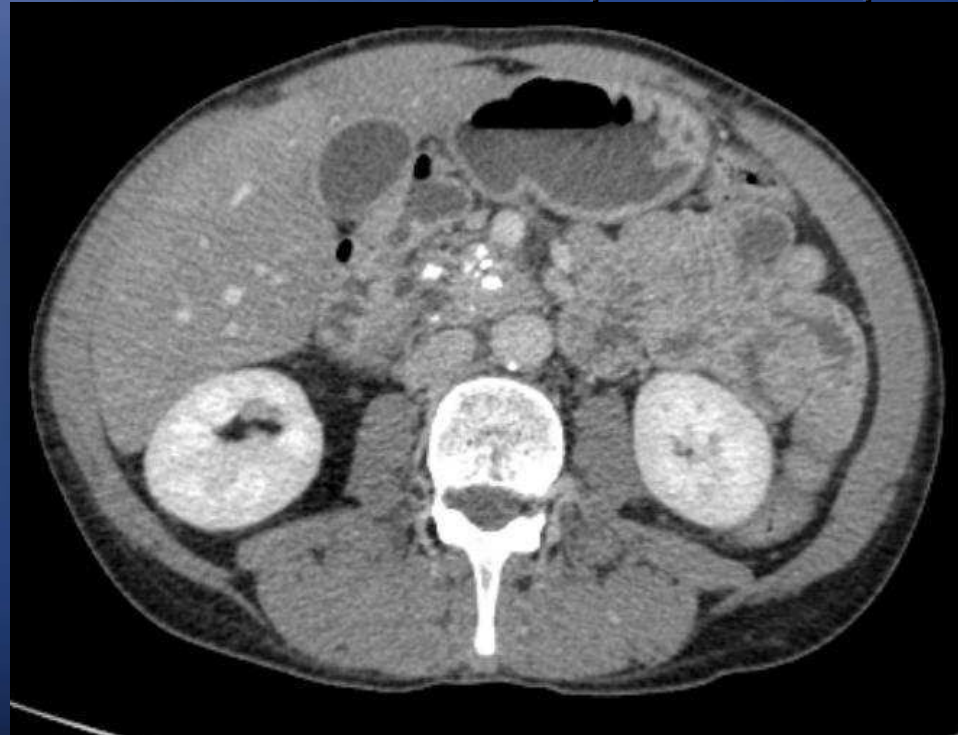
Service de chirurgie hépato-biliaire et digestive

CHU Rennes

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# Définition

- Inflammation chronique du pancréas aboutissant à la destruction du parenchyme.
- Présence de calcifications pancréatiques



# Etiologie

Nutritionnelle ++++

Héréditaire

Métabolique

Auto-immune

Lithiasique

Idiopathique



Sevrage  
obligatoire

# Plan

- Quand et pourquoi opérer ? Indications chirurgicales
- Comment ? les différentes techniques chirurgicales
- Laquelle choisir ?
- L'expérience Rennaise : Frey vs DPC

# Quand et pourquoi opérer ?

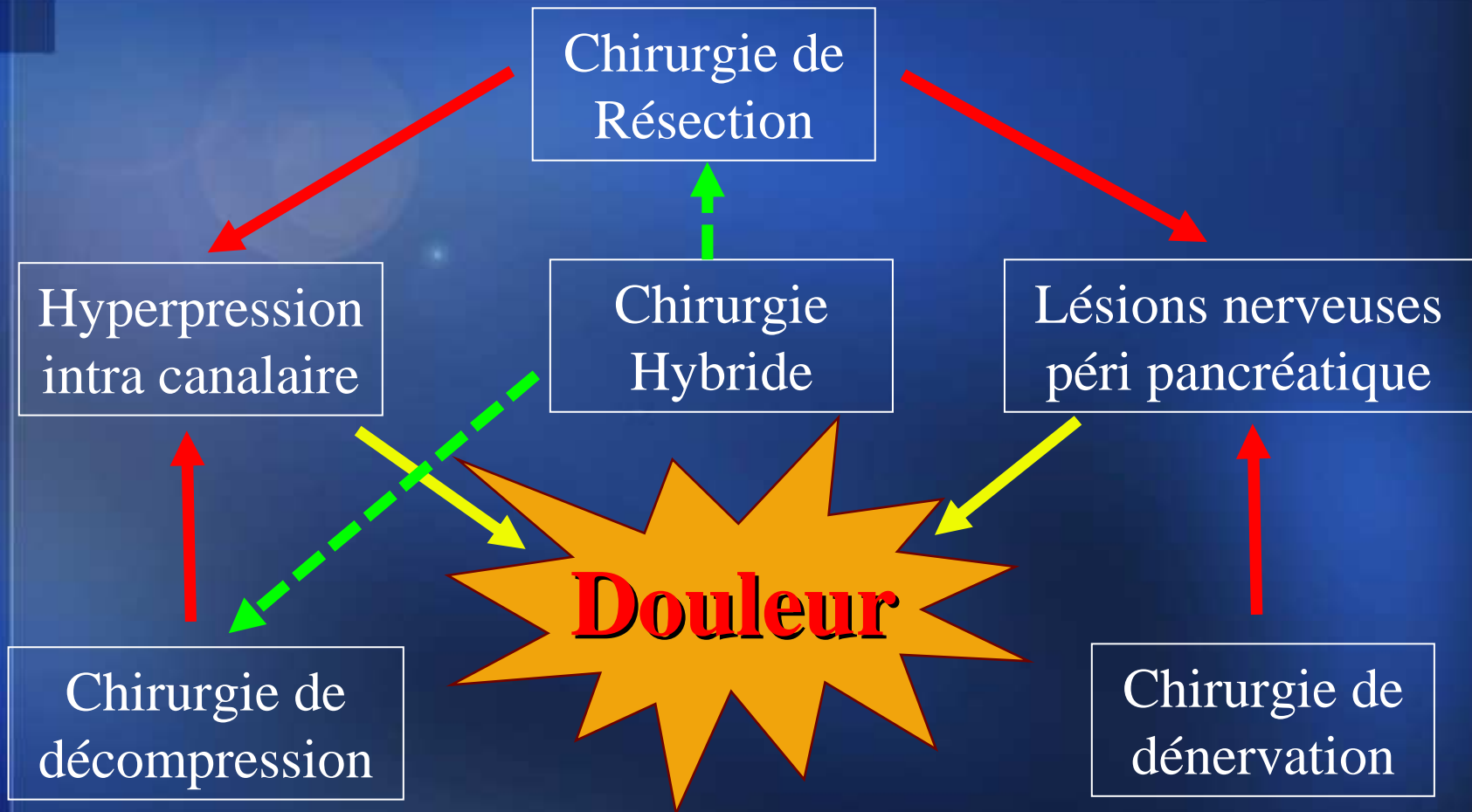
Endoscopic versus Surgical Drainage of the Pancreatic Duct in Chronic Pancreatitis

N Engl J Med 2007;356:676-84.

- Quand ?
  - Prise en charge de...
  - Prise en charge de...
- Pourquoi ?
  - Evolution naturelle...
  - Supériorité trt chi...

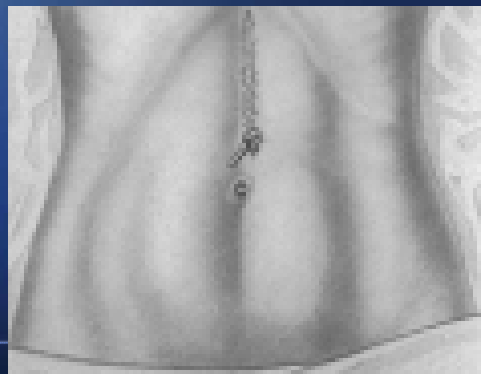
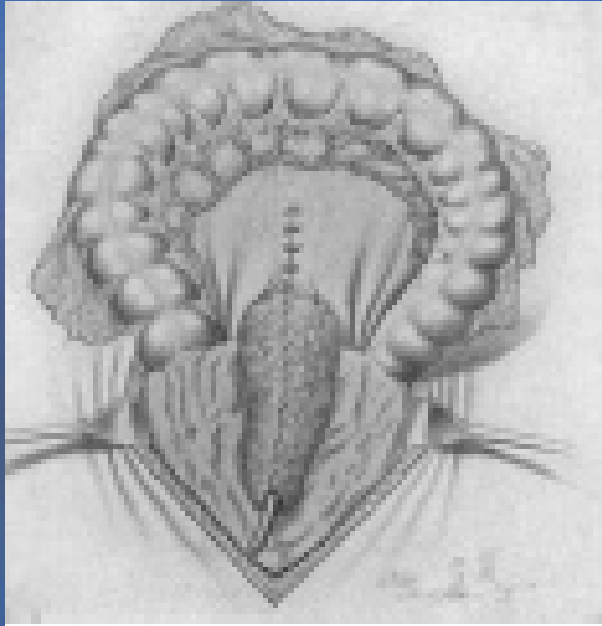
Variable	Endoscopy (N=19)	Surgery (N=20)	Endoscopic Results vs. Surgical Results (95% CI)	P Value
Wicki pain score†	51±23	25±15	24 (11 to 36)‡	<0.001
Pain relief—no. (%)	6 (32)	15 (75)	-43 (-72 to -15)¶	0.007
Complete relief	3 (16)	8 (40)		
Partial relief	3 (16)	7 (35)		
No relief	13 (68)	5 (25)		
Conversion to surgery—no. (%)	4 (21)	NA		
Technical success—no. (%)	10 (53)	20 (100)	-47 (-70 to -25)¶	<0.001
Complications—no. (%)	11 (58)	7 (35)	23 (-8 to 53)¶	0.15
Major	0	1 (5)		
Minor	11 (58)	6 (30)		
Death—no. (%)	1 (5)	0	5 (-5 to 15)¶	0.49
Hospital stay—median no. of days (range)	8 (0-12)	11 (5-59)	-3 (-9 to 4)‡	0.13
Hospital readmittance—median no. of patients (range)	1 (0-5)	0 (0-7)		
Procedures—median no. (range)	8 (1-21)	3 (1-9)	5 (2 to 8)‡	<0.001
Diagnostic	3 (0-11)	2 (0-8)		
Therapeutic**	5 (1-11)	1 (1-5)		
SF-36 quality-of-life scores††				
Physical health component	38±9	47±7	-8 (-13 to -3)‡	0.003
Mental health component	40±9	45±9	-3 (-8 to 1)‡	0.15
Exocrine function				0.05
Insufficiency persisted—no. (%)	11 (61)	13 (65)		
Insufficiency developed—no. (%)	6 (33)	1 (5)		
Insufficiency resolved—no. (%)	1 (6)	3 (15)		
Sufficiency persisted—no. (%)	0	3 (15)		
Fecal elastase—μg/g	56±74	145±189		
Endocrine function				0.48
Insufficiency persisted—no. (%)	3 (17)	4 (20)		
Insufficiency developed—no. (%)	3 (17)	1 (5)		
Insufficiency resolved—no. (%)	1 (6)	0		
Sufficiency persisted—no. (%)	11 (60)	15 (75)		
Serum glucose—mmol/liter‡‡	6.8±3.2	5.9±1.6		
Glycated hemoglobin—%	6.4±1.2	6.2±1.3		

# Les différentes techniques

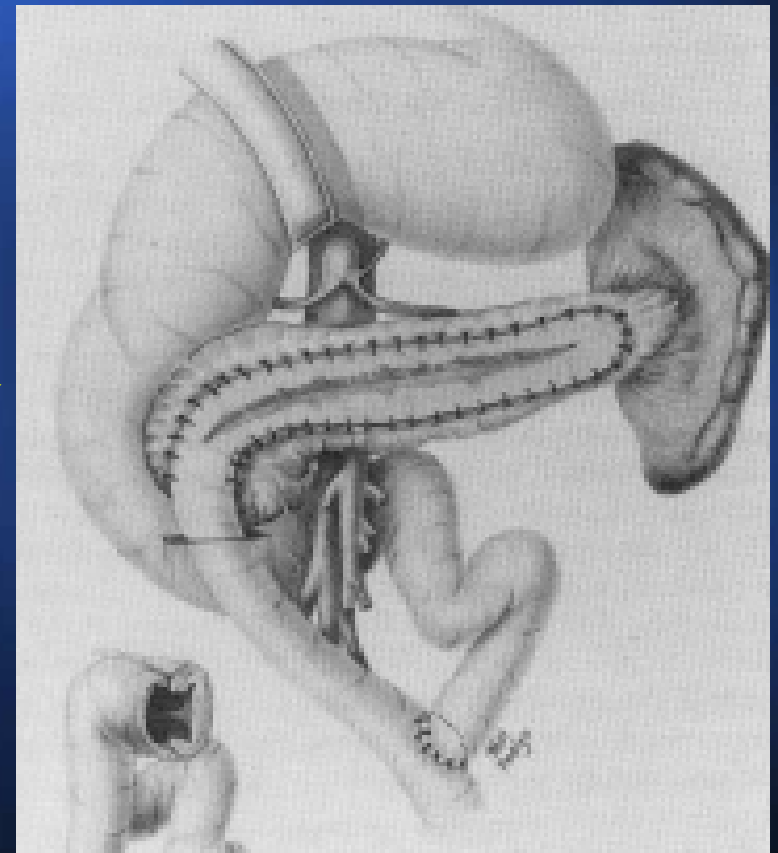


# Chirurgie de décompression

1911 : pancréatostomie



1960 : Anastomose  
wirsungo-jéjunale



# Chirurgie de résection

- Duodéno pancréatectomie Céphalique (avec conservation pylore)



Intérêt : Efficacité sur le control de la douleur

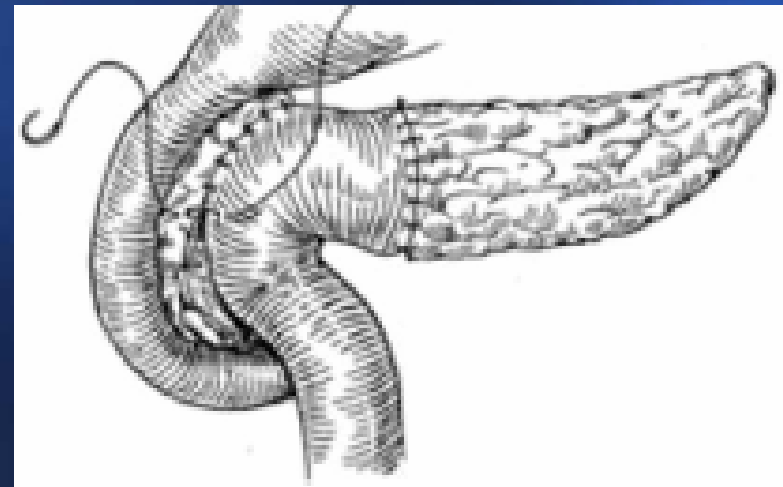
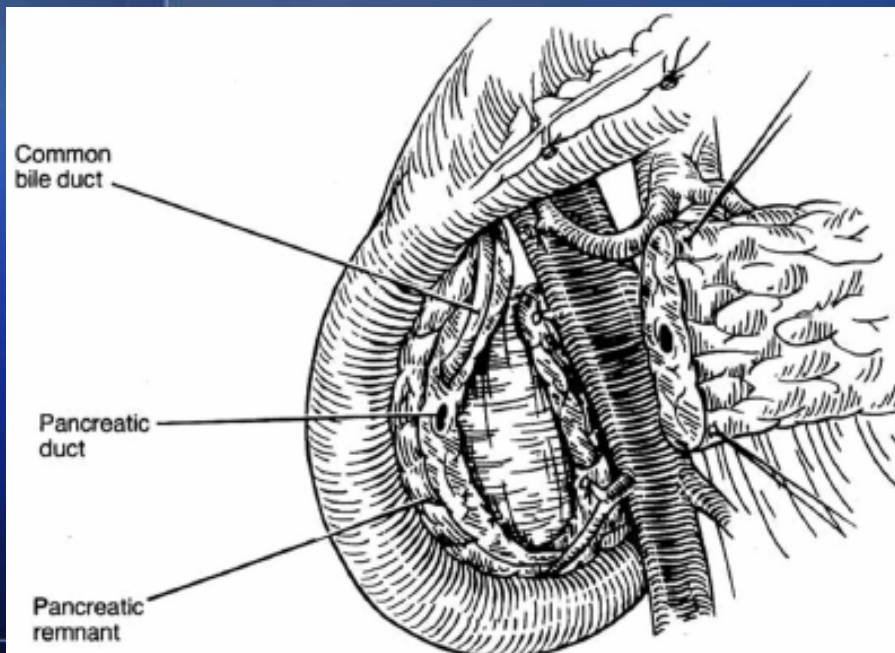
Inconvénient :

- sacrifice parenchymateux
- Morbi-Mortalité

- Duodéno pancréatectomie Totale

# Chirurgie hybride

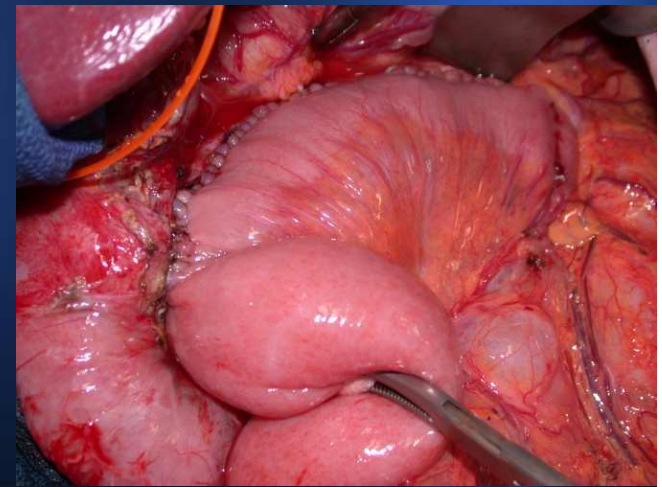
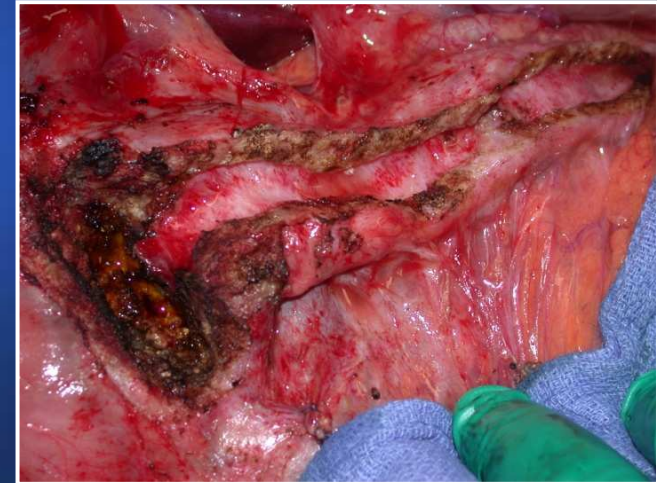
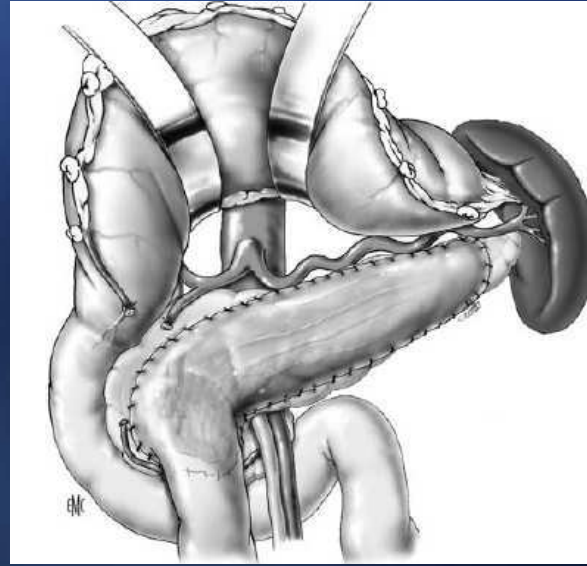
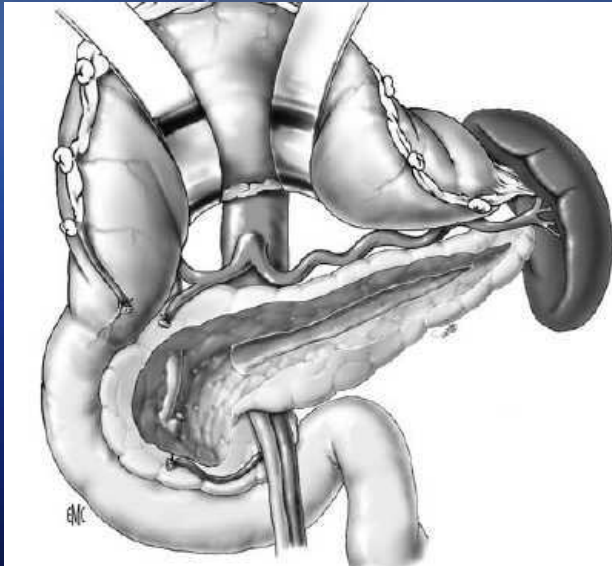
- Intérêt : - économie parenchyme  
- décompression du wirsung
- Intervention de Beger :





# Chirurgie hybride

- Intervention de Frey :  
Evidemment de la tête  
Anastomose wirsungo-jéjunale





## Surgical treatment in chronic pancreatitis timing and type of procedure

K. Bachmann et al / Best Practice & Research Clinical Gastroenterology 24 (2010) 299–310

### ■ BEGER vs PPPD:

Comparison PPPD vs. Beger procedure.

[25,45–48]		PPPD	Beger
Mortality		0%	0%
Morbidity		30%	0%
Painfree	One year	83%	86%
Quality of Life	Five years	65	75
	Seven years	72.4	67.9
	14 Years	65.0	58.3
	14 Years	46%	79%
New-onset diabetes	14 Years	46%	43%
Exocrine insufficiency	14 Years	46%	43%
Pain score	14 Years	0	0

### ■ FREY vs PPPD:

Comparison PPPD vs. Frey procedure.

[40,49]		PPPD	Frey
Mortality		0%	3%
Morbidity		53%	19%
Pain score	Preoperative	63	62
	30 Months	18.1	6.1
	Seven years	18.75	17.75
Quality of Life	Preoperative	28.6	28.6
	30 Months	75.1	85.7
	Seven years	50	58.35
Exocrine insufficiency	7 Years	65%	61%
Endocrine insufficiency	7 Years	96%	86%

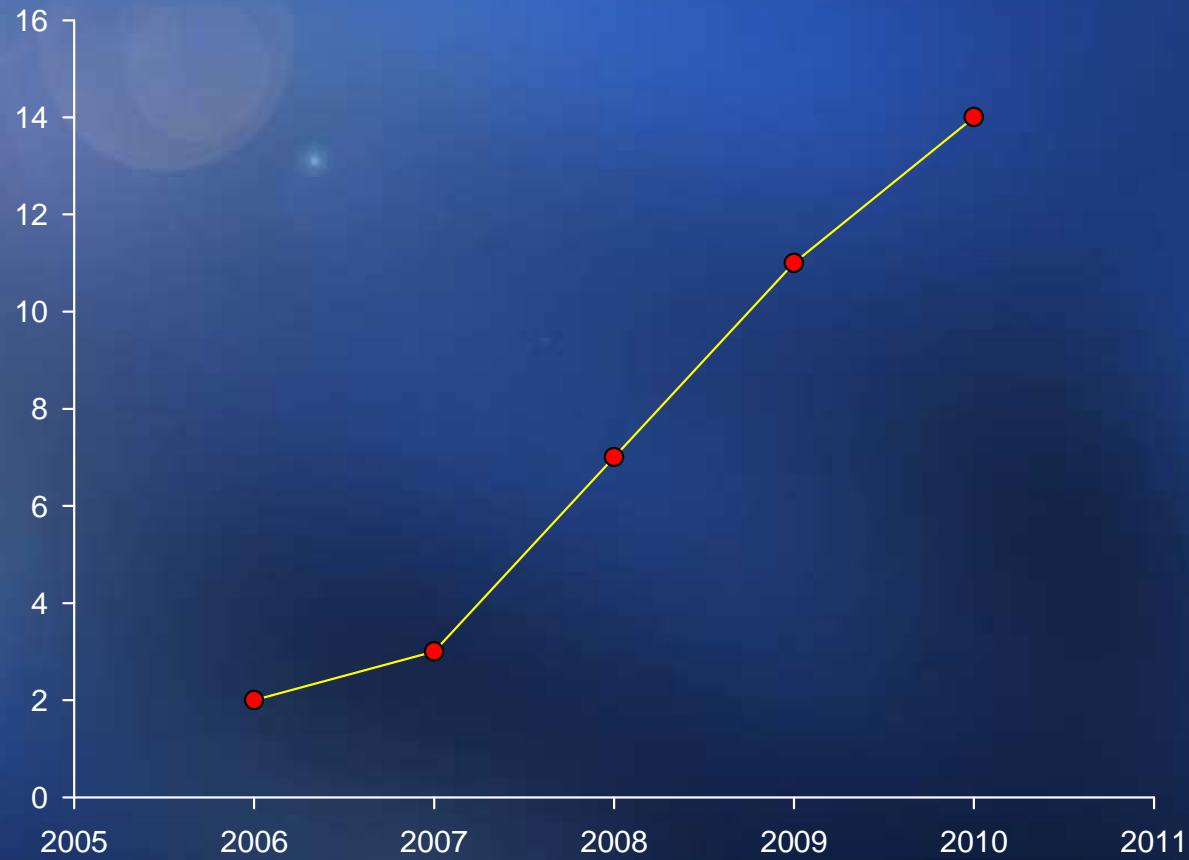
### ■ BEGER vs FREY:

Comparison Beger procedure vs. Frey procedure.

[36,50]		Beger	Frey
Mortality		0%	0%
Morbidity		32%	22%
Pain Score	Preoperative	61.25	60.5
	30 Months	4	4
	Eight years	11.25	11.25
Quality of Life	Preoperative	28.6	28.6
	30 Months	85.7	85.7
	Eight years	66.7	58.35
Exocrine insufficiency	Eight years	56%	60%
Endocrine insufficiency	Eight years	88%	78%

# La série Rennaise

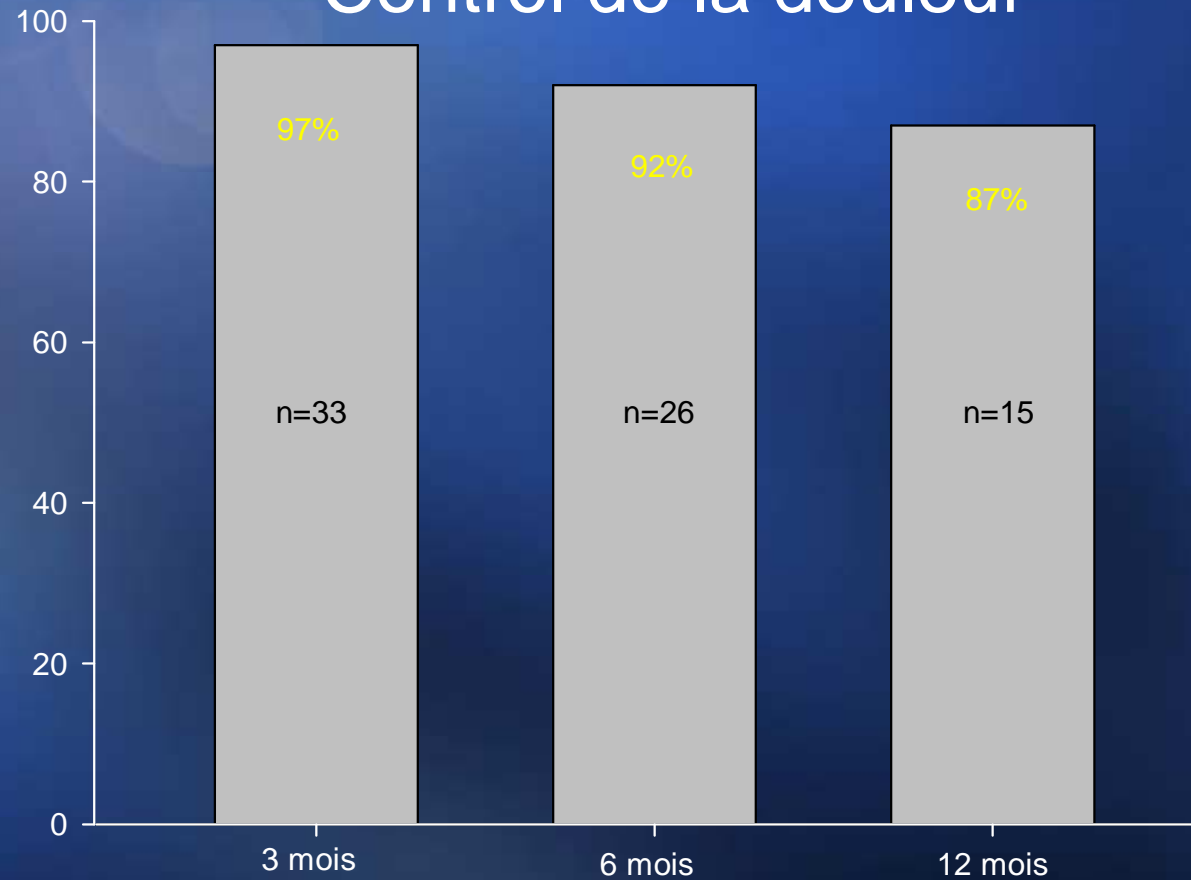
## Intervention de FREY



# Comparaison Frey vs DPC

item	Frey (2006-2010)	DPC (2000-2009)	p
Nombre	37	42	
Age moyen	49	49	ns
Durée op	283 min	347 min	<0.001
Transfusion	2.7%	33.3%	0.002
Fistule	8.6%	11.9%	ns
Gastroparésie	2.9%	23.8%	0.022
Hémorragie	14.3%	11.9%	ns
Collection abdo	11.4%	9.5%	ns
Durée hospit°	12j	15j	0.07
mortalité	0	0	
Reprise chir	17.1%	19%	ns

## Intervention de Frey: Control de la douleur



# Conclusions

- Sevrage indispensable
- Supériorité du traitement chirurgical sur le traitement endoscopique
- Chirurgie efficace :  
Frey = Beger  
Frey/Beger > DPC à court terme, équivalent à long terme

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