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Laparoscopic Cystogastrostomy for the Management of Pancreatic Pseudocysts

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Abstract: Aims: To assess the value of laparoscopic cystogastrostomy in the treatment of pancreatic pseudocysts. Materials and Methods: Patients who underwent laparoscopic surgery for pancreatic pseudocysts were included in the study. All the cysts were non-resolving, symptomatic and large, as a result of acute pancreatitis. Laparoscopic cystogastrostomies were performed by either anterior transgastric or posterior techniques. Results: From February 2001 to November 2006, seven patients were included into the study. The etiology of pancreatitis was gallstone disease in six cases and hyperlipidemia in one. The mean age was 58.7 years (52-69) and the mean pseudocyst size was 15.1 cm (7-20). Transgastric cystogastrostomy and posterior cystogastrostomy were carried out in three and four patients, respectively, with no conversion. Mean hospital stay was 13.4 days (6-30). Neither mortality nor procedure-related major complication was encountered. Follow-up computerized tomography studies confirmed complete resolution of the cyst in all cases, in the first month. Conclusions: Laparoscopic cystogastrostomy is an effective and safe treatment of pancreatic pseudocysts.

Key Words: Pseudocyst, laparoscopy, cystogastrostomy, pancreatitis

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