INDIA ELSEWHERE


Surgical decompression of the pancreatic duct relieves intractable pain in 80%-92% of patients with chronic pancreatitis (CP). Whether it also improves the endocrine or exocrine function of the pancreas is not clear.

Thirty-three patients (mean age 33.8 y; 25 men; calcification-28, diabetes-10, steatorrhoea-5) with tropical chronic pancreatitis receiving conservative therapy for relief of pain were followed up for 5 years and compared with 46 patients (mean age 34.4 y; 39 men; calcification-42, diabetes-11, steatorrhoea-6) who underwent modified Puestow procedure (lateral parapancreaticojejunostomy). Surgical mortality was 5.6% and 1 patient developed pancreatic fistula that resolved with conservative management.

In the operated group, 41 (89%) patients had relief from pain at 3 months and 38 (82.6%) at 5 years (p<0.001), but steatorrhoea improved in only one patient. In the non surgical group, 19 (57.6%; p<0.01) had relief, especially in those to whom the pain was mild or moderate in intensity; steatorrhoea persisted in all 5 patients and developed de novo in 2 others. In the surgical group, blood glucose levels and insulin requirements decreased significantly at 3 months as well as at 5 y, with 4 of 11 with diabetes being able to stop taking insulin. In the group managed conservatively, blood glucose levels and insulin requirements were unaltered.

The authors conclude that patients with tropical chronic pancreatitis who undergo the Puestow procedure have pain relief and improvement in diabetes control but no improvement in exocrine dysfunction.

Poddar U, Thapa BR, Bhasin DK, Prasad A, Nagi B, Singh K (Division of Pediatric Gastroenterology, Department of Medical Education and Research, Chandigarh). Endoscopic retrograde cholangiopancreatography in the management of pancreaticobiliary disorders in children. J Gastroenterol Hepatol 2001;16:927-31

The role of ERCP in the management of biliary and pancreatic disorders in children is not well-defined. Seventy-two children (mean [SD] age 8.8 [3.3] y; 34 females) underwent 84 ERCP sessions with an adult side-viewing duodenoscope under ketamine sedation. All therapeutic ERCP were conducted as inpatients. Successful cannulation of the desired duct was possible in 70 children (97%) and the median time taken to complete the procedure was 10 min (range 5-45).

CBD cannulation failed in 2 cases, 8 had normal cholangiogram, 14 had choledochal cyst, 13 had portal biliopathy, two each had CBD stones, primary sclerosing cholangitis and bile leak, one had biliary ascariasis. ERCP was successful in all 28 children with suspected pancreatic disorders. Therapeutic ERCP was performed in 22 (30%) children: nasobiliary drain (NBD) in 11 (of whom 9 had cholangitis), biliary stenting in 2, nasojejunal/nasopancreatic drain in 5, minor papilla stenting in 2, minor papilla dilatation in 1, and pancreatic sphincterotomy and stenting in 1. ERCP-related complication occurred in 6 children (8%; exacerbation of chronic pancreatitis-4, infection of pseudocyst-1, mild pancreatitis-1). Cholangitis subsided after NBD placement for 5-7 days, and bile leak ceased after 2 weeks. Communicating pseudocyst resolved after 2 weeks and pancreatic ductal disruption subsided within 7-10 days. All 3 patients with pancreas divisum treated by endotherapy are pain-free at 12-24 months. All other children treated by endotherapy were asymptomatic at 3-36 months.

The authors conclude that ERCP is safe in children. It is useful in the treatment of cholangitis, bile leaks, pseudocyst and pancreatic fistulas.


Hepatic hydrothorax is defined as pleural effusion in cirrhotic patients, in the absence of cardiac or lung disease. The authors used scintigraphy to detect peritoneo-pleural communication in patients with hepatic hydrothorax.

Ten men with cirrhosis of liver, ascites and pleural effusion (right sided-6, left sided-1, bilateral-3) that required repeated thoracentesis were studied. Scintigraphy was performed by instilling 99mTc sulfur colloid into the peritoneal cavity, and imaging the upper abdomen and chest every 30 min for 4-6 h. Delayed images were recorded at 24 h if no activity was seen in the chest region at 6 h. On scintigraphy, peritoneo-pleural communication was demonstrated in eight patients, with tracer appearing in the chest within 2 h in seven and by 5 h in the rest. Six patients had right-sided, one had left-sided and one had bilateral (right-left) pleural concentration of tracer. No movement of tracer was detected from the peritoneal cavity in two patients.

The authors conclude that radionuclide scintigraphy is a simple, quick, safe and relatively non-invasive method to confirm the passage of ascitic fluid across the diaphragm into the pleural cavity.

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