



# Why we must separate terms “**duodenal dystrophy**” and “**paraduodenal pancreatitis**?” Lessons of 71 cases

<sup>1</sup>Egorov V.I., <sup>1</sup>Petrov R.V., <sup>2</sup>Vankovich A.N., <sup>2</sup>Starostina N.S.

<sup>1</sup>***5th Moscow City Hospital (MCH5)***, <sup>2</sup>*Moscow Clinical Scientific Centre, Moscow, Russia*

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## Background

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The term “paraduodenal pancreatitis (PP)” was proposed as an umbrella for cystic dystrophy in heterotopic pancreas (duodenal dystrophy, DD), paraduodenal cyst and “groove pancreatitis” (GP), by reasoning that these conditions mimic pancreatic head tumors, share certain histological evidences and need the same treatment .

**It is still unclear is it reasonable to unite all these terms or choose one of them**

### Aim

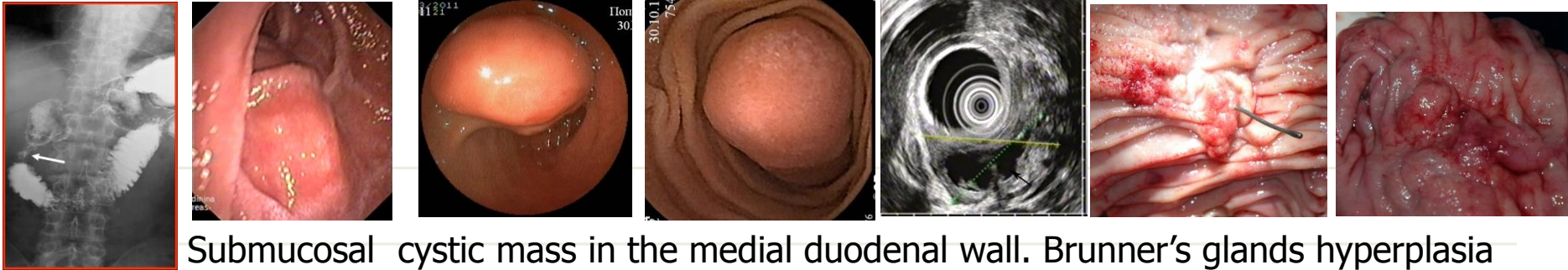
To assess the results of different types of treatment for “DD”, or “PP”, or “GP”

### Patients and methods

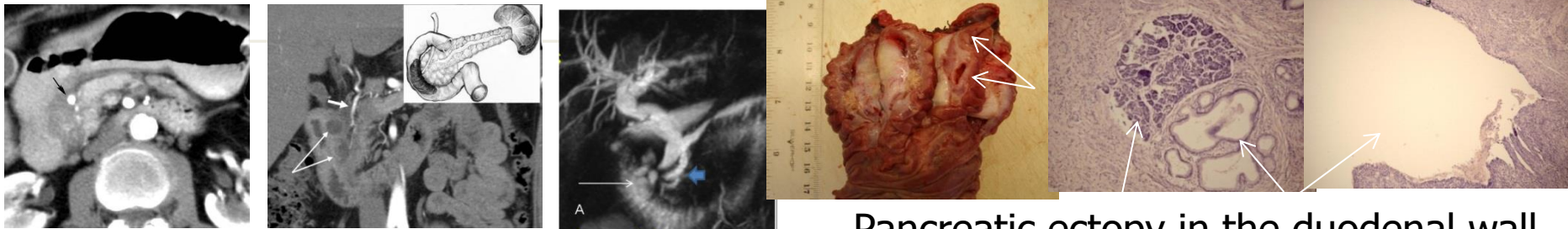
1. Prospective analysis of 71 cases of PP or DD (2004-2015), comparing preoperative and histopathological findings in 52 surgical specimens;
  2. Assessment of clinical presentation and the results of DD treatment.
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# Disease

- **Clinical manifestation** Abdominal pain Weight loss Vomiting Jaundice
- **Types**
  1. Isolated DD (pure GP);
  2. associated with CP in the head of the pancreas (segmental GP)
  3. associated with CP in the whole of the pancreas
- **Imaging and pathology**



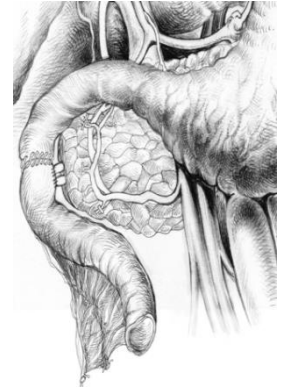
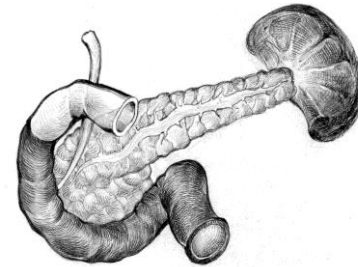
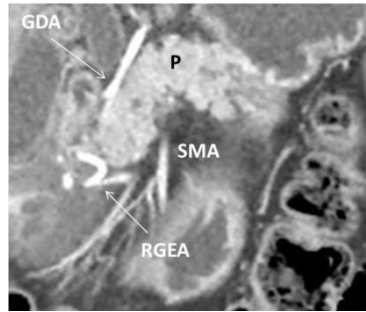
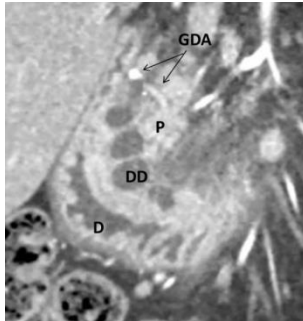
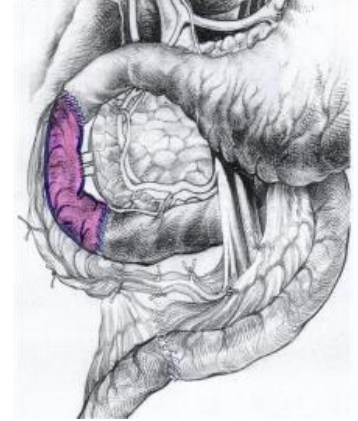
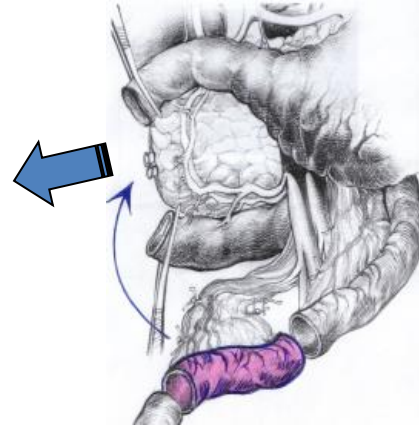
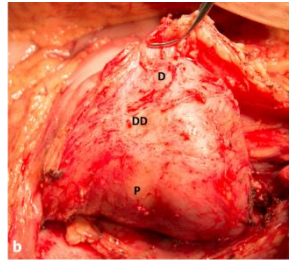
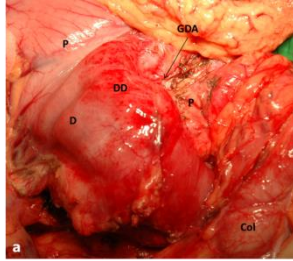
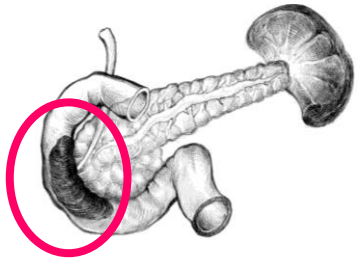
Submucosal cystic mass in the medial duodenal wall. Brunner's glands hyperplasia  
Antero-medial GDA shift



Pancreatic ectopy in the duodenal wall

# New modality for isolated form of DD – **pancreas –preserving duodenal resection** (

Isolated type of DD 30%



# Results

## Treatment of 71 patients

68 males

Conservative treatment 10 (14%)

Surgery 61 (86%)

### Long-term results. 1 Year. Weight gain

Treatment	N	Morbidity	Pain control	Steatorrhea	New DM
Conservative	10	5 (17%)	2 (20%)	2 (20%)	2 (20%)
Draining prosedures	8	2 (25%)	2 (25%)	1	1
DPPHR	5	3	2	-	-
PD + Nakao	35	5 (17%)	23 (79%)	4 (14%)	3 (10%)
<b>Pancreas-preserving duodenal resections (PPDR)</b>	<b>12</b>	<b>5 (40%)</b>	<b>11 (92%)</b>	<b>-</b>	<b>-</b>

No deaths

Method	PD n35	DPPHR n5	PPDR n12	Draining n8	Conservative n10	All n70
Age	45	40	48	48	44	46
Alcohol consumption (ml)	72	72	68.5	66	72	72
Mass before disease (kg)	82	84	84	86	89	84
Mass at presentation	72	69	67	70	71	70
Mass after surgery or treatment	78*	73	80*	72	71	75

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## Conclusion

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- The diagnosis of DD can be confidently determined prior to surgery
  - Surgery is a preferable option for DD treatment. Whipple procedure is the operation of choice for DD with CP in orthotopic gland
  - **Pancreas-preserving procedures (PPDR) is the optimal treatment for isolated types of DD and real alternative to Whipple procedure**
  - **The efficacy of PPDR provides compelling proof that DD, or GP, or PD is an entity of duodenal and not “paraduodenal” origin**
  - **Early diagnosis of DD saves pancreas**
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If you use term

**“paraduodenal pancreatitis”**, you leave to patient chance only for **Whipple**, because it doesn't include duodenal form of the disease

**“groove pancreatitis”**, you have to specify pure form from segmental, anyway **you leave to patient chance only for Whipple**

**“duodenal dystrophy”** isolated or not - it describes clinical situation most precisely and determines the **correct strategy, including necessity of early diagnosis and pancreas sparing surgery**

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