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THE NATURAL HISTORY OF DISCONNECTED PANCREATIC DUCT: A LONG TERM FOLLOW UP STUDY OF A LARGE COHORT

Society: ASGE**Track:** Pancreatic Diseases**Author(s) and Affiliation(s):**Rajesh Puri^{1, 2}

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Introduction:

Disconnected Pancreatic Duct (DPD) is a common complication arising from acute necrotizing pancreatitis (ANP), with reported prevalence between 27%-74%. Despite its high prevalence, the natural history of DPD remains unclear. This study aims to investigate the long-term outcomes and complications associated with DPD.

Material and Methods:

Data of patients with diagnosed ANP presenting to a large tertiary center between May 2017 to December 2022 were analyzed from a prospectively maintained database using a standardized data collection tool. DPD patients were identified based on either endoscopic retrograde cholangiography or detailed imaging by magnetic resonance imaging.

Results:

A total of 476 ANP patients underwent drainage of walled-off necrosis (WON), of whom

429 patients (Male-73%, median age-38 yrs) underwent cholangiopancreatography (endoscopic or magnetic resonance imaging based). DPD was diagnosed in 326/429 (76%) patients. These patients were followed for a median duration of 706±313 days (Range: 181 - 1296).

Majority 221 (67.8%) of patients remained asymptomatic. Recurrent pancreatitis (RP) was seen in 20 patients (6.1%). 23 patients (7.1%) had recurrent pancreatic fluid collection (PFC), however only 6 patients out of these were symptomatic. External pancreatic fistula (EPF) was observed in 78 patients (23.9%). Among these, 30 (9.2%) patients had persistent fistula and in 48 patients' fistulae resolved spontaneously over a period of time.

New onset diabetes was seen in 103 subjects with DPD (31.6%). Diabetes and persistent external fistula were more common with proximal DPD (Genu) than distal DPD.

Conclusion: DPD is common following ANP. Majority of patients remain asymptomatic. External pancreatic fistula and diabetes are common sequelae which needs attention.

Add data on etiology of pancreatitis if possible. How many patients needed hospitalization? Were there any deaths? Can we get data on when diabetes developed after pancreatitis attack?

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