The Usefulness of Transluminal Endoscopic Necrosectomy in Symptomatic Pancreatic Necrosis


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Introduction: Pancreatic necrosis is one of the most severe complications of acute pancreatitis. Until now, surgery has been the mainstay of treatment in patients with symptomatic pancreatic necrosis. However, surgery is associated with high morbidity and mortality. We performed this study to determine the safety and efficacy of transluminal endoscopic pancreatic necrosectomy in patients with symptomatic pancreatic necrosis.

Method: From July 2007 to May 2010, 11 patients with symptomatic pancreatic necrosis that had not responded to conservative treatment underwent transluminal endoscopic necrosectomy. We analyzed the prospectively collected data of these patients.

Result: The median age of patients was 59 years (range from 28 to 67), and male to female ratio was 9 : 2. The causes of pancreatitis were gallstone (n=4), alcohol (n=3), abdominal trauma (n=1), and idiopathic (n=3). Transgastric approach was used in 10 patients and transduodenal approach in one patient. Endoscopic debridement procedure was performed median four times (range from 1 to 13) during median nine days (range from 1 to 45 days). Ten patients were recovered completely, but additional surgical debridement needed in one patient. Therefore, the overall success rate was 90.9%. In one patient, a bleeding occurred during necrosectomy but could be controlled endoscopically. There was no other complication or mortality.

Conclusion: Endoscopic pancreatic necrosectomy is minimally invasive and seems to be an effective and safe therapeutic modality in patients with symptomatic pancreatic necrosis. Further studies that compare endoscopic and surgical necrosectomy need to define the role of endoscopic pancreatic necrosectomy.