AB052. P023. Diagnosis and management of postpancreatectomy hemorrhage: a systematic review and meta-analysis

Floortje van Oosten, F. Jasmijn Smits, Hjalmar C. van Santvoort, I. Quintus Molenaar

Universitair Medisch Centrum Utrecht, Utrecht, Netherlands

Background: Late postpancreatectomy hemorrhage (PPH) is a rare, yet potentially lethal complication after a pancreatic resection. The objective of this study was to compare clinical outcomes of different invasive interventions for late PPH.

Methods: A systematic search was conducted on the literature from February 2007 to June 2017 in PubMed, Embase and the Cochrane library. Included were clinical studies evaluating the success rate (i.e., discharge alive without need for additional invasive interventions) and mortality of the first invasive intervention for late PPH, defined according to the International Study Group of Pancreatic Surgery (ISGPS) definition as occurring at least 24 hours after pancreatic resection.

Results: A total of 14 studies on 464 patients with late PPH were included. Seventy-four patients underwent conservative treatment; 56 patients underwent primary endoscopic intervention; 82 patients underwent primary relaparotomy; 252 patients underwent primary angiographic intervention and three patients died before any intervention could be performed. Pooled success rates showed no significant difference between primary endoscopic intervention and primary interventional angiography (48% *vs.* 56% respectively; OR =1.11; 95% CI, 0.48–2.52, P=0.81), nor between the endoscopy and relaparotomy (48% *vs.* 44% respectively; OR =1.47; 95% CI, 0.47–4.56, P=0.50), nor between the interventional angiography and relaparotomy group (61% *vs.* 56% respectively; OR =1.34; 95% CI, 0.64–2.81; P=0.44). Mortality was significantly lower after primary interventional angiography as compared to primary relaparotomy (16% *vs.* 37% respectively; OR =0.34; 95% CI, 0.12–0.95; P=0.04).

Conclusions: Interventional angiography appears to be superior to relaparotomy as first intervention for late PPH in terms of mortality.

doi: 10.21037/apc.2018.AB052

Cite this abstract as: van Oosten F, Smits FJ, van Santvoort HC, Molenaar IQ. Diagnosis and management of postpancreatectomy hemorrhage: a systematic review and meta-analysis. Ann Pancreat Cancer 2018;1:AB052. doi: 10.21037/apc.2018.AB052