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Preoperative prediction of postoperative pancreatic fistula after pancreaticoduodenectomy at tertiary care center in Nepal

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Introduction: Post-Operative Pancreatic Fistula (POPF) is a single most common and most significant cause of post-operative morbidity and perioperative mortality. This study was evaluated the predictive value of Pancreatic Configuration Index (PCI) to predict POPF after Pancreaticoduodenectomy (PD) at Tribhuvan University Teaching Hospital (TUTH).

Methods: This was a prospective observational study from March 2017 to June 2018. The patients with age <16 years and those who underwent re-exploration or mortality before 3rd POD, additional surgery along with PD were excluded from the study. PCI was defined as ratio of pancreatic parenchymal thickness and pancreatic duct diameter (mm) measured in axial CT scan (pancreatic protocol) of abdomen. Predictive value of PCI in predicting POPF was evaluated.

Results: Among 58 patients, 9 were excluded from study and 49 patients included in the study. The mean age of the patients was 56.6±13.9 years (21 to 79 years) and male to female ratio was 1.1:1 (26 vs. 23). POPF was developed in 13/49 (26.5%) patients. On univariate analysis, pancreatic texture (p=0.022), main pancreatic duct diameter at neck (p=0.002) and PCI (p=0.000) were significantly correlated with the development of POPF which were also significantly correlated with POPF in multivariate analysis. The sensitivity and specificity of PCI to predict POPF is 92.3% and 91.7% with positive predictive value 80% and negative predictive value 97.1% respectively.

Conclusion: Pancreatic configuration index can predict POPF.

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