

Non-invasive endoprosthesis in treatment of biliary fistulas and pancreatic fistulas

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Abstract

AIM: To search for a simple and safe method to avoid reoperation, reduce complications and mortality, shorten hospital stay and lower the medical cost.

METHODS: Based on the characteristic of pathology and anatomy of biliary fistula and pancreatic fistula, modified endoscopic nasobiliary drainage or endoscopic nasopancreatic drainage with negative

pressure were used to drain the bile and pancreatic juice to the duodenum and *in vitro* to facilitate fistulous tract close.

RESULTS: In seven patients with biliary fistulas with conservative treatment who were not yet recovered after 6-110 d, the leakage was blocked after 6-17 d treatment, and in 6 patients with pancreatic fistulas with conservative treatment who were not recovered after 90-720 d, the leakage was blocked after treatment for 12-28 d.

CONCLUSION: The advantages of this modified method are: retain the function of the Oddi sphincter; the anatomy of the pancreatic duct and bile duct and the position of fistulas can be seen clearly with contrast examination; the drainage effect was defieate, safe and with less complications; the leakage block can be promoted with the drainage of negative pressure; and hospital stay is shortened and medical cost is reduced.

Key words: Gallbladder diseases/therapy; Pancreatic fistula/therapy; modified endoscopic nasobiliary drainage; Endoscopic nasopancreatic drainage; Drainage; Endoprosthesis

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