

P121**Management of pancreaticojejunostomy stricture after pancreaticoduodenectomy**

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Introduction : To explore the clinical management of pancreaticojejunostomy stricture (PJS) after pancreaticoduodenectomy (PD).

Methods : From July 2013 to Dec 2018, 17 patients with PJS were treated in our single center, including 10 male and 7 female, the average age was 61.3 years (49.1-73.8). All these patients had recurrent abdominal pain and acute pancreatitis. Among them, 7 were pancreatic cancer, 6 IPMN, 3 chronic pancreatitis and 1 periampullary carcinoma. The median time between PD to PJS was 38.1 months.

Results : 11 patients were successfully treated by Endoscopic dilation plus pancreatic drainage or EUS-guided rendezvous technique. Other 6 patients who failed the endoscopic technique, pancreaticojejunostomy (PJ) reconstruction was performed for 2 cases, PJ resected followed by pancreaticogastrostomy (PG) for 3 cases, and longitudinal PJ for 1 case. None of them had severe complication.

Conclusions : PJS is a late complication of PD that was less studied, the incidence is increasing since the survival time after PD was prolonged. Endoscopic treatment is our first choice. If the endoscopic technique failed, surgical treatment remains the only option. Commonly there are 4 kinds of surgical methods could be selected. PJ reconstructed, PJ resected followed by PG, Longitudinal PJ for 1 case. And posterior direct PG.

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