

MANEGMENT OF PANCREATIC TRUMA

Essay

**Submitted For Partial Fulfillment Of
Master Degree in General Surgery**

BY

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The image shows a decorative card with a pink background adorned with small, multi-colored dots. On the left side, there are three purple orchids with yellow centers and green buds. A light-colored scroll is positioned diagonally across the right side of the card. The word "Dedication" is written in a bold, purple, sans-serif font on the top part of the scroll. Below it, the text "To Professor Dr. Amr Sherif for his great help in Completing this work." is written in a green, cursive script. The scroll has a folded bottom right corner.

Dedication

*To Professor
Dr. Amr
Sherif for his
great help in
Completing this
work.*

Acknowledgment

I would like to express my special appreciation and thanks to my advisor Professor Dr. Atm sherif, you have been a tremendous mentor for me. I would like to thank you for encouraging my research and for allowing me to grow as a research scientist. Your advice on both research as well as on my career have been priceless. I would also like to thank my committee members , professor Dr Atm Htelmy , professor Dr mohamed abd el-Atziz , for serving as my committee members And a special thanks to Dr. Sherif abd el-halim for being supportive to me even in hard work and also want to thank him for letting my defense be an enjoyable moment and for his brilliant comments and suggestions, thanks to you I would especially like to thank department of general surgery, my parents, my husband, my children . All of you have been there to support me when I collected data for my research.

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List of abbreviations

(CHA)	common hepatic artery
(LGA)	left gastric artery
(SMA)	superior mesenteric artery
(GDA)	gastro duodenal artery
(RGEA)	right gastro-omentalartery
(SPDA)	superior pancreaticoduodenal artery
(IPDA)	inferior pancreaticoduodenal artery
(SPDVs)	Superior pancreaticoduodenal veins
(IPDVs)	inferior pancreaticoduodenal veins
(SMV)	superior mesenteric vein
(IMV)	inferior mesenteric vein
(LGV)	left gastric vein
(RGV)	right gastric vein

Introduction and Aim of the work

Introduction

Pancreatic injury can pose a formidable challenge to the surgeon and failure to manage it correctly may have devastating consequences for the patient, detailed knowledge and correct application of the available operative choices is important .

Injuries to the pancreas are uncommon, since the pancreas lies deep in the middle of the upper abdomen behind the stomach and other larger organs. The retroperitoneal location and character of the pancreas present a number of challenges to the trauma surgeon faced with a pancreatic injury.

Pancreatic injury is a relative enigma, even in modern medical practice with technology and advanced diagnostic methods. Although initially hard to diagnose, most minor pancreatic injuries are relatively easy to treat. However, a delayed diagnosis of pancreatic injury, mild or severe, is easy to diagnose but becomes a major therapeutic challenge to the medical team and a potentially disastrous situation for the patient.

Pancreatic injury is rare Pancreatic injury is accompanied by high acute vascular mortality due to the location of the pancreas near the aorta, the superior mesenteric artery and the vena cava. In addition, missed pancreatic injury results in significant morbidity and mortality .

Pancreatic trauma is the 10th most commonly injured organ in level 1 trauma centers, its incidence 2-10% in major trauma and seen in 20-30% penetrating abdominal wounds and it can be an isolated injury especially in children.

Aim of the work

The purpose of this review is to discuss the management options, as well as to highlight technical issues and potential pitfalls of pancreatic injuries.

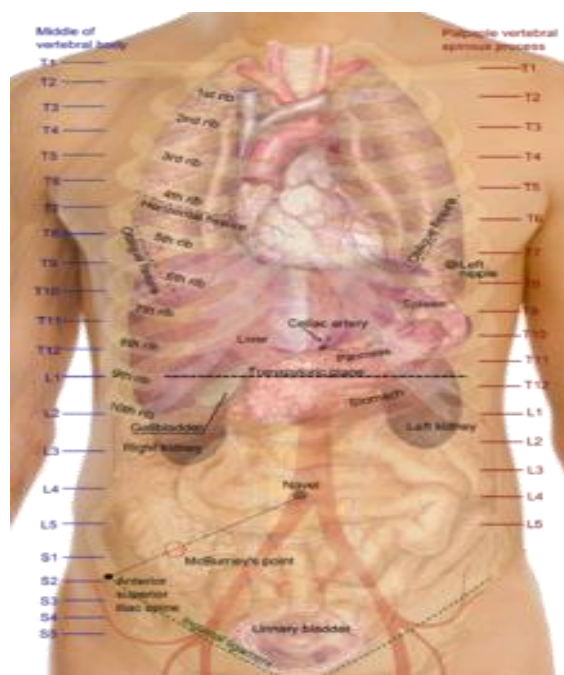
Chapter (1)

Anatomy of pancreas

ANATOMY OF PANCREAS

Overview

The pancreas, named for the Greek words pan (all) and kreas (flesh), is a 12-15 – cm long J-shaped (like a hockey stick), soft, lobulated, retroperitoneal organ. It lies transversely, although a bit obliquely, on the posterior abdominal wall behind the stomach, across the lumbar (L1-2) spine.[1,2]



(Fig.1)

Surface projections of the organs of the trunk, showing pancreas at the transpyloric plane.[6]