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## **A comparative study between duct-to-mucosa and invagination technique for reconstruction after pancreaticoduodenectomy**

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**Background:** The pancreaticojejunostomy has notoriously been known to carry a high rate of operative complications; morbidity, and mortality mainly due to anastomotic leak and ensuing septic complications.

**Patients and methods:** From January 2012 to October 2015, we presented a prospective study which included 24 patients who underwent pancreaticoduodenectomy(PD) operation through either Whipple resection or modified Whipple(pylorus-preserving).Patients were reviewed and divided into 2 groups (A,B ) according to the type of pancreaticojejunostomy( PJ), (invagination vs duct-to-mucosa ).

**Results:** 24 patients were operated on: Group A; twelve patients had invagination technique for PJ ,while the twelve patients in group B had duct –to-mucosa anastomotic technique for PJ,1 (8.3%)case in group A developed pancreatic fistula (PF),while 3 (25%) cases in group B developed PF, and 1 case (8.3%) in group A had mild anastomotic leak which was managed conservatively, while 3 cases (25%) in group B developed moderate to severe anastomotic leak with intra-abdominal collection which required CT-guided percutaneous drainage and operative intervention. Average age was (mean  $\pm$  SD)= (55 $\pm$ 12),average operative time was (245 $\pm$ 75) min.

**Conclusions:** P. Fistula after PD represents an alarming trigger of potentially life-threatening complications. Although the best method for dealing with the pancreatic stump after PD remains controversial, many reports described that with the invagination technique; the rate of PF could decrease significantly compared to the duct-to-mucosa technique.

**Keywords:** Pancreatic fistula (PF), pancreaticodudenectomy (PD), pancreaticojejunostomy (PJ).

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