

Postoperative Complications in Pediatric Pancreatic Surgery: What We Learned in a Decade

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Background

- Pancreatic surgery in pediatric population is rare and technically demanding, with limited data on indications, surgical techniques, and outcomes.
- Aim of this study is to share experience in pancreatic surgery in childhood and postoperative outcomes.

Methods

- Retrospective, single-center study, 10-year study period
- Patients who underwent pancreatic surgery by the same group of surgeons (IRU, BA, IK, AOC, SE)
- Data collected through review of patient records

Results

- ✓ 23 patients were evaluated
 - 12 males and 11 females
 - Median age: 12

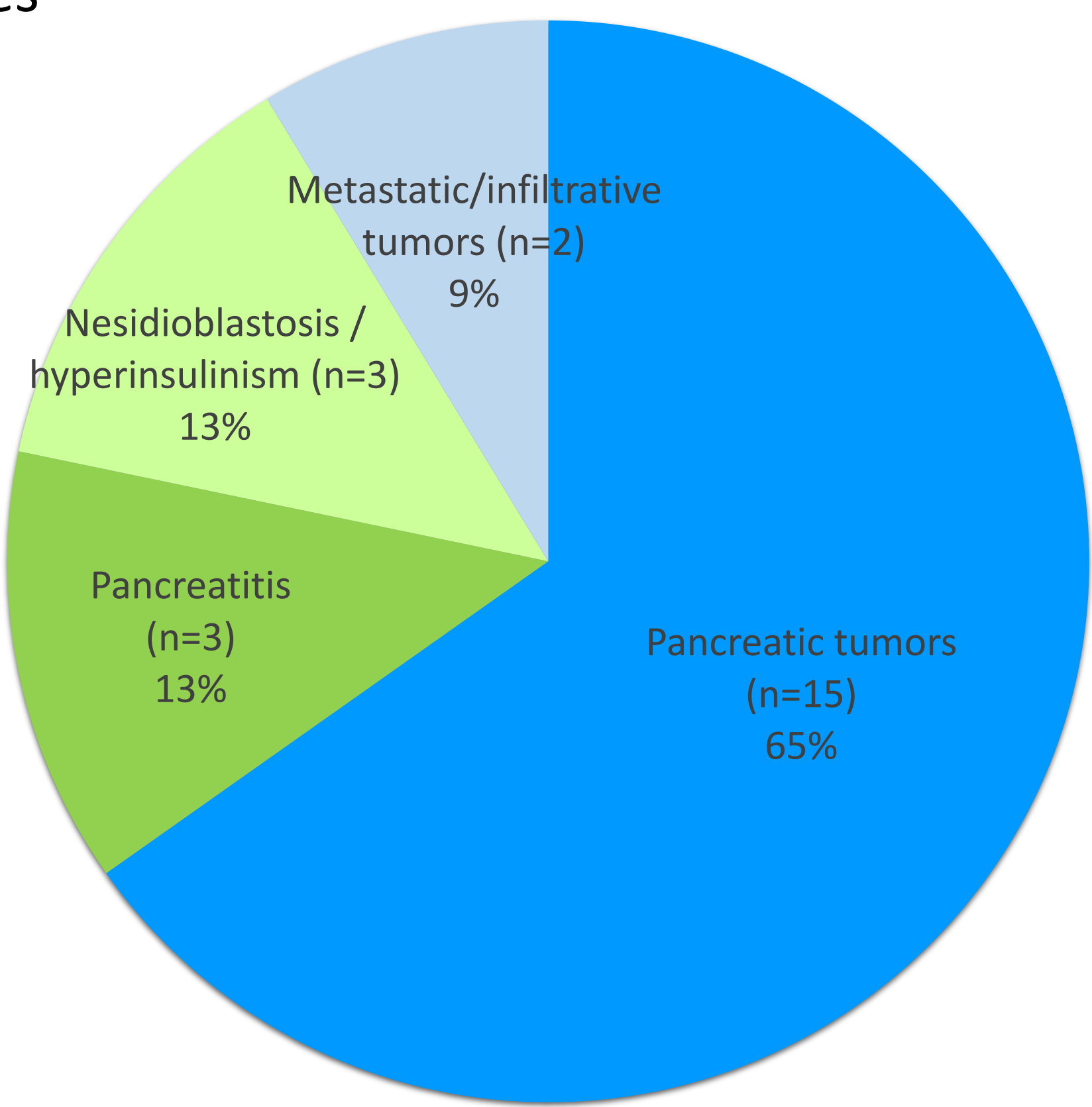


Fig 1. Distribution of patients according to the surgical indications

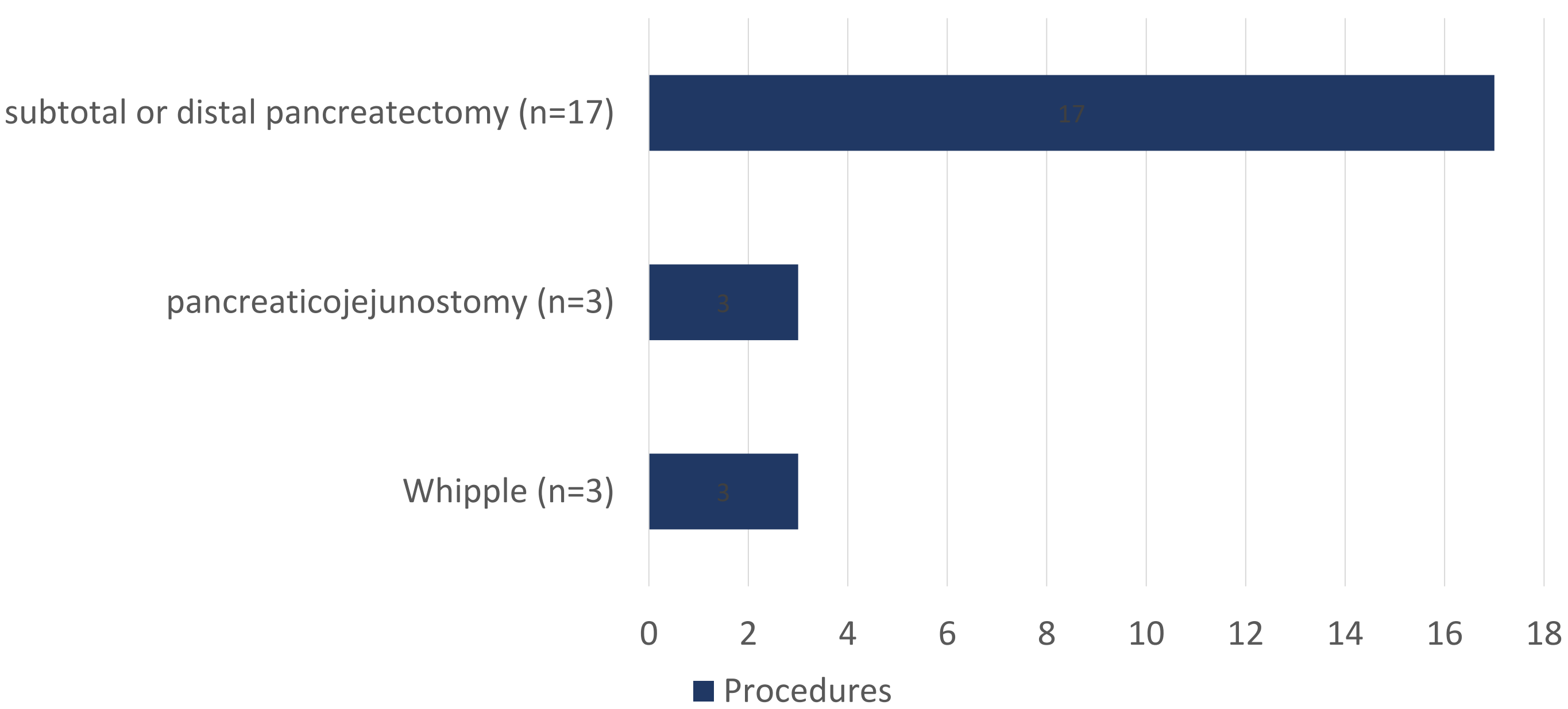


Fig 2. Distribution of procedures

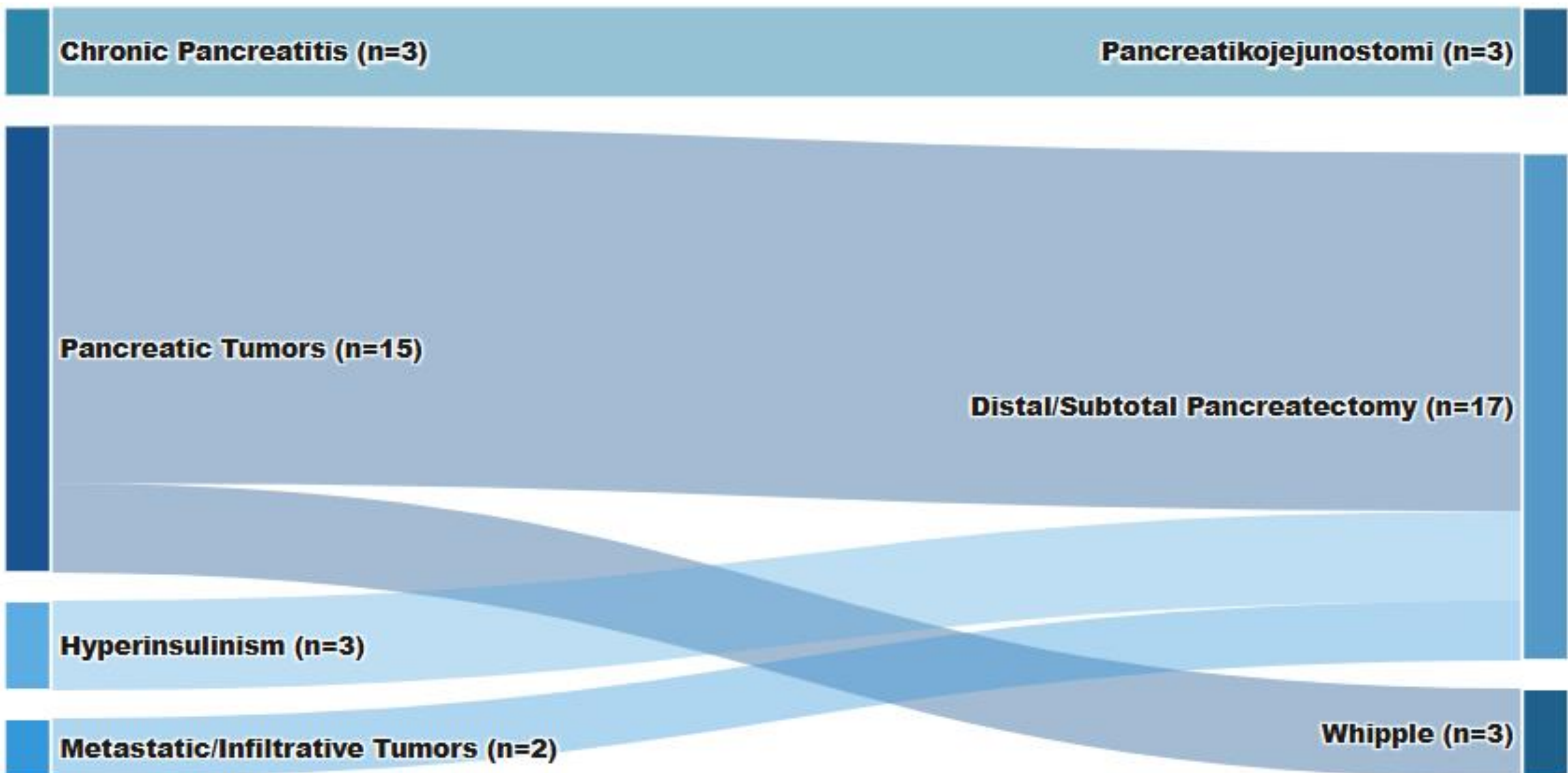


Fig 3. Diagnosis to surgical procedure flow

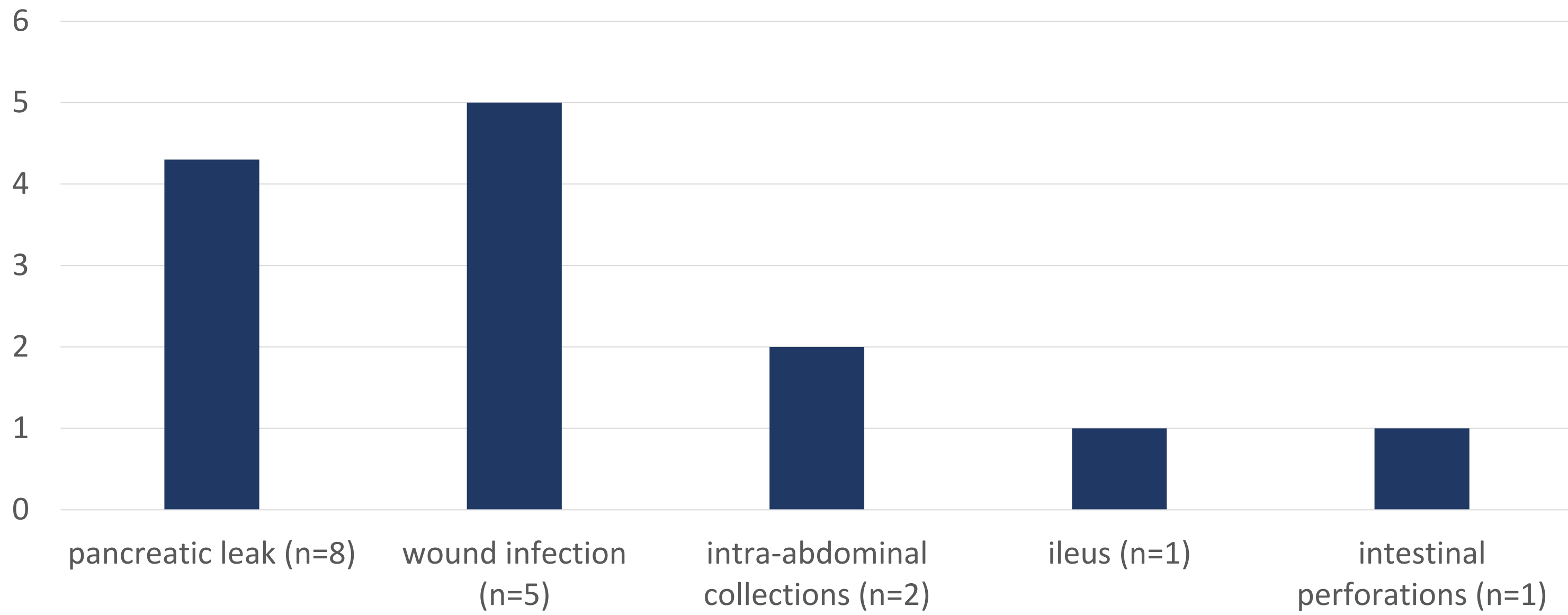


Fig 4. Postoperative complications

- ✓ **Octreotide** infusion was administered to all patients with pancreatic leaks.
- ✓ One patient with a persistent leak underwent endoscopic pancreatic duct stenting.
- ✓ Percutaneous drainage was used in two patients.
- ✓ Median time to enteral feeding was **5 (2–6) days**.
- ✓ Median hospital stay was **16 (10–21) days**.
 - Distal/subtotal pancreatectomy: 16 days (5-57)
 - Whipple procedure: 21 days (10-25)
 - Pancreatikojejunostomi: 11 days (10-20)
- ✓ The most common pathology was **solid pseudopapillary tumor** (n=11), followed by chronic pancreatitis and nesidioblastosis.
- ✓ **Splenectomy** was performed in two patients.

Table 1. Complications by surgical procedures

	Distal or subtotal pancreatectomy	Pancreaticojejunostomy	Whipple
Pankreatic leak (n=8)	8	-	-
Wound infection (n=5)	4	1	-
Intraabdominal collection (n=2)	2	-	-
Intestinal perforation (n=1)	1	-	-
Ileus (n=1)	-	-	1



Fig 5. Intraoperative photograph showing jejunal anastomosis to the pancreatic tail after pancreatic head resection

Conclusions

- The high incidence of postoperative complications following pediatric pancreatic surgery highlights the need for specialized, multidisciplinary care.
- High incidence of postoperative complications leads to longer hospital stays.
- Optimal outcomes can only be achieved when these complex procedures are carried out in expert centers equipped to manage both the surgery and its potential sequelae.