Clinical profile and outcomes of pancreatic fluid collections managed via endoscopic drainage in a tertiary care centre in Sri Lanka

D. Safeer, N. Fernandopulle

Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Pancreatic fluid collections (PFCs), including pseudocysts (PCs) and walled-off necrosis (WON), are common sequelae of pancreatitis. Endoscopic drainage is increasingly preferred due to its minimally invasive nature. This study aimed to describe the clinical profile, indications, procedural characteristics, and outcomes of patients undergoing endoscopic drainage for PFCs in a tertiary care setting in Sri Lanka. A retrospective analysis was conducted on 76 patients who underwent endoscopic drainage for PFCs. Data were extracted on demographics, etiology of pancreatitis, type of PFC, indication for drainage, use of fluoroscopy, timing of intervention, type of stent used, complications, and follow-up outcomes. Of the 76 patients, 82.9% were male (n=63), with a mean age of 40.8 years. Acute pancreatitis was the predominant etiology (n=51, 67.1%), followed by chronic pancreatitis (n=20, 26.3%). Most collections were PCs (n=63, 82.9%), with WON observed in 17.1% (n=13). The primary indication for drainage was pain (n=48, 63.2%), with other indications including gastric outlet obstruction (n=11, 14.5%) and obstructive jaundice (n=7, 9.2%). Interventions were typically performed at or after four weeks (n=53, 69.7%). Fluoroscopy was used in 81.6% (n=62) of procedures. SEMS were used in 61.8% (n=47) of cases, while plastic stents were used in 38.2% (n=29). Procedure-related complications occurred in 10.5% (n=8) of patients, including infection (n=3, 3.9%), bleeding (n=2, 2.6%), and immediate stent displacement (n=2, 2.6%). Most stents were removed within 4 weeks (n=4, 59.2%), and there were two reported deaths both due to multiorgan failure. Endoscopic drainage of PFCs is a safe and effective intervention with low complication rates when performed at an appropriate interval, preferably beyond four weeks. SEMS were more frequently used and may have contributed to favourable outcomes. Pain was the most common indication, underscoring the role of symptom-driven management. Further prospective studies are warranted to optimize timing and stent choice in resource-limited settings.

Keywords: *Pancreatic fluid collection*, *Endoscopic drainage*