

Conclusion: The pancreatic stiffness of the remnant pancreas of patients with pancreatic neoplasm is the same as healthy controls. A soft pancreas and an increasing pre-operative risk score were associated with CR-POPF. SWE showed a trend in predicting CR-POPF.

S-8. PARACENTESIS-INDUCED ABDOMINAL WALL HEMATOMA SUCCESSFULLY TREATED WITH CRYOPRECIPITATE

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Case report: Despite the well known coagulopathy-associated complications, abdominal paracentesis is considered a relatively safe procedure when performed on patients with cirrhosis and refractory ascites. We present a case of large abdominal wall hematoma in a patient with cirrhosis developed several hours after abdominal paracentesis. The patient was 72-years-old male with decompensated cirrhosis (CTP score 12, MELD score 19), refractory ascites and coagulopathy (INR 1.7). The procedure was performed at the usual point, in the left lower abdominal quadrant. Several hours later, the patient was admitted with severe abdominal pain, circulatory instability and significant blood loss. The ultrasound revealed 10 cm large intramural hematoma developed at the puncture site. Despite the usual supportive measurements, the patient was stabilized with transfusion of five units of cryoprecipitate and ten units of fresh frozen plasma. Paracentesis-associated abdominal wall hematoma is a serious life-threatening complication requiring invasive therapeutic intervention in most cases. However, in some cases the conservative treatment with cryoprecipitate and fresh frozen plasma can also be quite effective.

S-9. PARADUODENAL PANCREATITIS WITH EXTRAPANCREATIC MANIFESTATION – A CASE REPORT

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Introduction: Paraduodenal pancreatitis or „groove pancreatitis“ is a segmental form of chronic pancreatitis characterized by fibrosis of the pancreaticoduodenal groove, an