

**PANCREATIC PSEUDOCYSTS: OPTIMAL TIME OF SURGERY**

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Pancreatic pseudocysts occur as a complication of acute or chronic pancreatitis. Despite constant development of minimally invasive techniques, surgery is still the most important therapeutic option for these patients. An optimal time for pseudocyst operative treatment varies depending on the lesion cause, stage, and presence of complications. The aim of our study was to determine the importance of the time of surgery in relation to the pseudocyst type and stage for the treatment outcome. We conducted a retrospective analysis of medical records of 68 patients operated for pseudocysts at the Surgery Clinic, Clinical Center Nis. From among 50 patients that underwent elective surgery, external pseudocyst drainage was done in 6 due to its „immature“, thin wall. Further, external drainage was performed in 15 urgently operated patients with complicated pseudocysts. The rest of the patients from both groups received an internal drainage procedure. There were no deaths. A controlled postoperative pancreatic fistula occurred in 2 patients after elective internal drainage surgery and in 7 patients with complicated pseudocysts in whom urgent external drainage was done. Acute and chronic pseudocysts older than 6 to 8 weeks with formed mature capsule that do not show the tendency to resolve spontaneously require surgical or endoscopic drainage. Internal surgical drainage procedure should not be performed for immature and complicated pseudocysts with thin wall, which have to be treated with external drainage. An optimal time of surgery for pseudocysts may be crucial for the treatment success.

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