USE OF PASIREOTIDE IN THE MANAGEMENT OF ENTERO-CUTANEOUS FISTULA

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Enterocutaneous fistulas (ECF) are abnormal communications between the gastrointestinal tract and the skin. Although rare, can result in a number of serious or debilitating complications, varying from disturbance of fluid and electrolyte balance to sepsis. They are associated with considerable morbidity, prolonged hospitalization, patient disability, and enormous cost to health resources. Death related to ECF remains disproportionately high when compared with other surgical conditions. Mortality rates for Enterocutaneous fistulas have been reported to range from 6% to 33% and even death (Rehbour et al 2012), (Allen et al 2014). The patient will almost always suffer from severe discomfort, pain, malodorous drainage fluid, and psychological problems like anxiety, depression etc.

Management of high output entero-cutaneous fistula is always a nightmare for surgeons to treat effectively. Along with other modalities in management, the Octreotide, Somatostatin is among one of the modalities being used in the treatment of entercutaneous fistula. Literature evidence shows its effectiveness with equivocal results and some studies shows no significant fistula output reduction and closure rates (Rehbour et al 2012), (Taggarshe et al 2010),(Philip et al 2011), (Kumar et al 2011). Recently, it is reported that Pasireotide, one of the somatostatin analogue having longer half-life and a broader binding profile by decreasing the pancreatic exocrine secretions is proved helpful in the treatment of CEF or prevention of postoperative pancreatic fistula formation (Allen et al 2014). Literature review shows different randomaized controlled trials, meta-analysis and case control studies supporting that the Perioperative treatment with Pasireotide decreases significant (upto 56%) postoperative pancreatic fistula, leak, or abscess formation (Rehbour et al 2012), (Allen et al 2014), (Kumar et al 2011). The investigators also reported that the other somatostatin analogue and octreotide which are being used to treat ECF has not been clearly associated with pancreatic leak reduction as compared to Pasireotide. They suggested that due to longer half-life and broader binding profile (binding capability of four of the five somatostatin-receptor subtypes compared to just two by octreotide) is the main reason of more effectiveness of Pasireotide (Rehbour et al 2012), (Allen et al 2014). Keeping in view the encouraging results from trials in the treatment of ECF, Pasireotide can be used and further clinical trials should be conducted in our setup.

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