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Robotic Central Pancreatectomy Using Warshaw Technique Without Pancreatico-Enteric Anstomosis

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Background : Central pancreatectomy is associated with lower long-term morbidity due to preservation of spleen and functioning pancreas parenchyma and is considered an ideal procedure for benign and low malignant lesions of neck and proximal body of pancreas. Typically the distal pancreatic cut end is reconstructed by a roux-n-y pancreatico-jejunostomy. For similar lesions located in the central pancreas, but with involvement of splenic vessels, Warshaw technique i.e., spleen preserving distal pancreatectomy has been described whereby splenic perfusion is relied upon by preserved short gastric vessels.

Methods : We present a case where a robotic central pancreatectomy was performed using Warshaw technique. Both spleen and distal pancreas were preserved. Also, no pancreatico-enteric anastomosis was performed since the remnant stump was small and atrophic.

Results : Patient was a 24 years young lady with a 4 cm cystic neoplasm in mid-body of pancreas with abutment of Splenic vessels. The port positions are depicted in the video. After port placement and docking, lesser sac was opened, and pancreatic mass was mobilised. Since splenic vessels were found to be densely adherent to pancreatic mass, decision was then taken to go ahead with Warshaw procedure. The distal pancreas near tail was uninvolved and hence was preserved. Proximal pancreatic transaction was done using monopolar cautery. Since the distal pancreas remnant was small (<5cm) and atrophic, no pancreatico-enteric anastomosis was planned. The distal pancreatic transaction was performed using endo GIA linear cutting stapler. Proximal pancreatic stump closure was achieved with PDS 4-0 suture in fish mouth pattern. Splenic vascularity was confirmed intraoperatively. Postoperative course was uneventful. She was discharged on day 6 with histopathology showing mucinous cystadenoma without any evidence of dysplasia or malignancy, and is doing well at 8 months follow up.

Conclusions : In conclusion, Central pancreatectomy without pancreatico-enteric anastomosis with Warshaw technique is an unusual procedure. However, this procedure should be considered in selected cases as it offers maximum organ preservation. Also, the surgical complexity is reduced if the pancreatico-enteric anastomosis can be avoided. The procedure is feasible, safe, and advantageous with robotic approach.

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