

HBP SURGERY WEEK 2023

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58th Annual Congress of the Korean Association of HBP Surgery





ABST-0369

Laparoscopic Distal Pancreatectomy And Splenectomy For Neuroendocrine Tumor Of Pancreatic Body With Splenic Vein Thrombosis

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Background: Laparoscopic Distal pancreatectomy and splenectomy is considered to be one of the most complex laparoscopic procedures. Minimal access approach reduces surgical trauma associated with major surgeries like these and enhances recovery. Enhanced magnification achieved by minimal access approach helps in handling tumors like these with local venous invasion. We present here a case of neuroendocrine tumor in the body of pancreas with splenic vein thrombosis

Methods: Patient is positioned in lithotomy position with operating surgeon standing between the legs and assistant on his/her right side and camera man standing behind. Procedure begins by dividing the gastrocolic ligament and identifying the lower border of pancreas and taking control of SMV inferiorly followed by superiorly after dissection proper hepatic artery. After pancreatic transaction the venous thrombus in splenic vein is assessed and vascular stapler fired at the confluence of SV-SMV taking thrombus in specimen with adequate margin.

Results: Duration of surgery 200 minutes. Blood loss was 150 ml. Post surgery course in ward was uneventful. Ryles and foleys were removed on POD1 and started clear liquids. Soft diet started on POD2 and drain removed by POD3 after drain amylase was normal. Patient discharged by POD4. Histopathology was suggestive of grade 1 well differentiated neuroendocrine tumor with free margins.

Conclusions: Major pancreatic resection by laparoscopic approach with excellent magnification helps in achieving margin free resection in these large tumors with local venous invasion. Laparoscopic approach significantly reduces the surgical stress and accelerates recovery.

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