



EP 109

Clinical Course Of Pancreas Cancer Diagnosed After Spleen-Preserving Distal Pancreatectomy (SPDP) With Borderline Lesion; Case Reports

Byeong Gwan NOH, Hyung Il SEO*, Young Mok PARK

Department Of Surgery, Pusan National University Hospital, REPUBLIC OF KOREA

Background : Distal pancreatectomy with splenectomy is considered the standard operation for pancreas tail and body cancer. However, splenectomy may be option for benign or low grade malignant tumors including mucinous cystadenoma and intraductal papillary mucinous neoplasm (IPMN). If Spleen-Preserving Distal Pancreatectomy (SPDP) with borderline lesion is performed and pancreas cancer is diagnosed on postoperative pathologic finding, if it is R0 resection, the necessity of additional splenectomy remains questionable. The authors would like report two clinical cases diagnosed as pancreatic cancer on postoperative pathology after SPDP and under observation without additional splenectomy.

Methods : In the first case, a 60-year-old woman with the pancreas cystic lesion increased from 3.5 cm in April 2011 to 5.5 cm in November 2013 on computed tomography (CT). Spleen-Preserving Distal Pancreatectomy (SPDP) was performed, and regional lymph nodes enlargement was not observed in the operation field. Frozen section biopsy showed negative for malignancy. The second case was that of a 59-year-old woman visited our hospital with pancreatic duct dilatation found after routine health screenings. In the past, she underwent postoperative radiotherapy for endometrial cancer, endoscopic mucosal resection for high grade adenoma of the colon, and Mohs micrographic surgery for squamous cell carcinoma of face. Endoscopic ultrasonography (EUS) – guided biopsy was performed and histologic examination revealed high grade dysplasia. We performed a SPDP with lymph node dissection.

Results : In the first case, based on the histological examination after surgery, the final diagnosis was a 0.2cm sized adenocarcinoma originating from 4.5cm mucinous cyst neoplasm (MCN). In the second case, histopathology confirmed adenocarcinoma of 1.8 cm confined to the pancreas.

Conclusions : It is not yet possible to decide whether to omit splenectomy for pancreas neck or body cancer. However, if cancer is diagnosed after SPDP, additional splenectomy may not be necessary if it is R0 resection.

Corresponding Author : **Hyung Il SEO** (seohi71@hanmail.net)