

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



EP 142

Surgical Management And Outcome Of Insulinomas – Experience From A Tertiary Hepato-pancreatic-biliary Unit

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Background : Insulinomas, the commonest cause of endogenous hypoglycaemia are rare functional pancreatic neuroendocrine tumours (PNET). Their definitive treatment is by parenchyma sparing excision. The surgical procedure is largely determined by tumour location warranting preoperative localization, often a challenge. This study outlines the management of insulinomas in a tertiary hepato-pancreatico-biliary (HPB) surgical unit.

Methods : A retrospective analysis of prospectively collected data was done of patients with insulinomas who had surgery at a single HPB unit from 2012-21.

Results : A total of 7 patients including 2 with MEN-1 syndrome were included. The mean age was 35.5 years with a male: female ratio of 1:1.3. Presentation with hypoglycaemic and neuro-glycopaenic symptoms was early (mean 5.6 months) in 3/7 and late (mean 9.7 years) in 4/7 patients. Preoperative tumour localization was done using CT in 71.4% (5/7) and selective arterial calcium stimulation (SACS) test in 28.5% (2/7). Intra-operative ultrasonographic (IOUS) localisation was done in 28.5% (2/7). Procedures performed included enucleation (2/7), central pancreatectomy (1/7), spleen sparing distal pancreatotomy (1/7), near total pancreatectomy (1/7), distal pancreatectomy and splenectomy (1/7), distal pancreatectomy, splenectomy and liver resection/ablation(1/7). Morbidity included grade B (1/7) and grade C (1/7) pancreatic fistulae (POPF) and hyperglycaemia 28.5% (2/7). Majority(6/7) were histopathologically benign with no disease recurrence to date. One patient had a malignant insulinoma. The two patients with MEN 1 additionally underwent parathyroidectomies.

Conclusions : Cross-sectional imaging was key to pre-operative localization of insulinomas but had to be complemented by invasive methods such as SACS and IOUS. Variability in tumour location necessitated versatility in surgical strategy to preserve parenchyma with good outcome. POPF was a major cause of morbidity.

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