

## R0 PANCREATODUODENECTOMY FOLLOWING NEOADJUVANT MFOLFIRINOX FOR UNCINATE PROCESS CANCER ABUTTING SMA AND SMV AND INFILTRATING MESOJEJUNUM BY LEFT POSTERIOR APPROACH

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**Background** : The authors performed R0 pancreatoduodenectomy for an uncinate process cancer abutting superior mesenteric artery (SMA) and superior mesenteric vein (SMV) and invading mesojejunum by combination of (right) posterior, left posterior and supracolic anterior approaches to SMA in addition to SMV resection and anastomosis and report here with video.

**Methods** : A 66 years old man presented with a tumor in the uncinate process of pancreas. The tumor was 3.0cm in diameter and abutting SMA and the first and second jejunal arteries (J1a and J2a, respectively) as well as SMV. Borderline resectable pancreatic cancer was diagnosed and 6 cycles of mFOLFIRINOX (80%) was given during a 4-month period. After which the size of tumor decreased to 1.8cm but still exhibited abutment to SMA, J1a, J2a and SMV. SUVmax on PET-CT decreased from 16.1 to 3.1 and CA 19-9 level also decreased from 38.3 to 25.5 U/ml. PPPD by combination of SMA first approaches was planned to check resectability early in the operation. The operative details will be video-played.

**Results** : The operation took 500 minutes and estimated blood loss was 500 ml. Pathologically, SMV was not invaded by the tumor but the tumor was abutting the SMV. There no lymph node metastasis but 1 lymph node showed xanthogranulomatous inflammation. Retroperitoneal margin was clear.

**Conclusions** : R0 resection can be done for an uncinate process cancer abutting SMA and invading mesojejunum by combination of (right) posterior, left posterior and supracolic anterior approaches through a window between the cut ends of the SMV after SMV resection.

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