LAPAROSCOPIC PANCREAS-SPARING DISTAL DUODENECTOMY FOR DUODENAL NEOPLASM.

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Background : Pancreas-sparing distal duodenectomy (PSDD) is a less invasive surgical approach compared to pancreaticodudenectomy and could provide adequate tumor clearance and moreover, avoid the risks associated with pancreas resection for distal duodenal neoplasm. However, the anatomical complexity of the duodenum may increase the difficulty of laparoscopic procedures for PSDD. Herein we introduce our technique for laparoscopic pancreas-sparing distal duodenectomy for neoplasm that arise in the third part of the duodenum.

Methods : 69-year-old woman with a history of melena was diagnosed with a 30 mm of duodenal tumor which located in third portion of duodenum and endoscopic biopsy showed result comparable with gastrointestinal stromal tumor. Laparoscopically, extensive mobilization of the duodenum by a Kocher maneuver and then, the jejunum was divided distal to the ligament of Treitz. The 3rd portion of duodenum was carefully separated from the lower pancreatic head taking care not to injure the pancreas. After proximal duodenum was divided just below the major duodenal papilla to achieve surgical margin, intracorporeal side-to-side duodenojejunostomy was performed.

Results : The total operation time was 240min and estimated blood loss was 100ml. Histological examination confirmed GIST. She was discharged on postoperative day 8 without any complications.

Conclusions : Laparoscopic pancreas-sparing distal duodenectomy could be a safe and feasible technique with shorter operation time and less blood loss compared with pancreaticoduodenectomy and could be an favorable option in patients with distal duodenal neoplasm with favorable oncological outcomes.

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