



Extended Laparoscopic Central Pancreatectomy with Clamping of the Mesentericoportal Vein and Resection of the Splenic Vessels for a Large Solid Pseudopapillary Tumor

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ABSTRACT

Background. Solid pseudopapillary tumors (SPPTs) are low malignant potential entities found mainly in young females.^{1,2} Pancreatectomy without tumor rupture is the treatment of choice, and the laparoscopic approach is indicated.^{3,4} Limited pancreatectomy is possible due to the low risk of malignancy (< 10%) based on the low risk of lymph node invasion or true vascular invasion.^{1,2} Centrally located large SPPTs can be treated by extended central pancreatectomy with or without vascular resection to avoid pancreatoduodenectomy or distal pancreatectomy.

Methods. A 24-year-old woman was admitted with abdominal pain. A 6-cm SPPT was discovered at the neck–body junction in close contact with the anterior aspect of the mesentericoportal vein (MPV) and the splenic vessels, with signs of segmental portal hypertension. To avoid an extended pancreatectomy for this young patient, an extended central pancreatectomy was performed, with resection of the splenic vessels, and the MPV was freed from the tumor under clamping for 10 min, with no need

for vascular reconstruction. The duration of the surgery was 260 min, with 200 ml of blood loss and no transfusion.

Results. The woman's postoperative course was uneventful, with a hospital stay of 16 days. Histology confirmed the diagnosis of a 6-cm SPPT tumor (R0 and N0). The patient was asymptomatic 1 year later, with no tumor recurrence and no pancreatic insufficiency. Between 2011 and 2018 the authors performed 72 laparoscopic central pancreatectomies, with SPPT performed for 13 patients (18%). Laparoscopic central pancreatectomy was extended ($n = 5$) or standard ($n = 8$) with no conversion, no recurrence, and no pancreatic insufficiency.

Conclusion. An SPPT tumor is a good indication for the laparoscopic approach because this entity is found in young patients with a low risk of malignancy. Large centrally located tumors can be treated by extended central pancreatectomy to avoid a large pancreatectomy with greater early and long-term disadvantages.

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