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Laparoscopic subtotal pancreatectomy with radical antegrade modular pancreatosplenectomy for left-sided pancreatic cancer

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ABSTRACT

Background: Numerous recent studies have reported comparable oncologic outcomes of laparoscopic distal pancreatectomy for pancreatic cancer compared with open surgery [1,2]. Most of these laparoscopic procedures, however, involved resection for left-sided pancreatic cancer where R0 resection was possible by pancreatic transection around the portal vein–superior mesenteric vein with preservation of the gastroduodenal artery (GDA) [3,4]. Here we describe our technique of laparoscopic subtotal pancreatectomy for pancreatic cancer located in the neck of the pancreas, which requires resection of the GDA and radical antegrade modular pancreatosplenectomy (RAMPS) to achieve a clear resection margin.

Video: A pancreatic mass was detected in a 72-year-old female at a routine health check. Abdominal CT revealed a low-attenuating mass of diameter 2 cm located in the neck of the pancreas, close to the GDA. We planned laparoscopic subtotal pancreatectomy with resection of the GDA. Subtotal pancreatectomy near the duodenum was performed after resection of the GDA. Lymph nodes on the left side of the celiac axis and superior mesenteric artery were dissected. Retroperitoneal dissection was performed by anterior RAMPS, exposing the left renal vein and saving the left adrenal gland.

Results: The operative time was 220 minutes and the estimated intraoperative blood loss was 200 mL. All the resection margins were clear. The pathologic staging was pT3N0, and 21 lymph nodes were retrieved. The patient was discharged on postoperative day 7 with no postoperative complications.

Conclusion: Curative resection of left-sided pancreatic cancer can be safely performed by laparoscopic subtotal pancreatectomy with RAMPS.

Declarations of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.suronc.2018.12.006.

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