



LAPAROSCOPIC SPLEEN PRESERVING DISTAL PANCREATECTOMY FOR SOLID PSEUDOPAPILLARY NEOPLASM OF PANCREAS

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ABSTRACT

In the present video, surgical technique of laparoscopic spleen preserving distal pancreatectomy is presented.

Key Words: Laparoscopic, Spleen preserving, Distal pancreatectomy



Video of this article can be accessed on www.robotictimes.org

This video presents the case of a surgical procedure performed in a 16-year old girl presenting with a huge mass in the tail of pancreas. The patient complained of abdominal pain. The computed tomography scan demonstrated a 10 cm lesion, including both solid and cystic areas and calcification. Tumor markers were normal. Preoperative diagnosis was solid pseudopapillary neoplasm of pancreas. Any infiltration to spleen, splenic artery or vein was not observed. Considering the radiologic findings a spleen preserving distal pancreatectomy is decided. Gastrocolic ligament was divided. The adhesions between the posterior

gastric wall and pancreas were divided. The inferior and posterior attachments of the pancreas were divided using hook cautery. Splenic vein was exposed at the inferior border of pancreas. Hook cautery is used to create a tunnel between splenic vein and the pancreas. Splenic artery and vein are isolated. Pancreas was transected with a tumor free margin by using a 60 mm green cartridge endo GIA stapler. Veins between the pancreas and splenic vein were divided. A Jackson pratt drain was placed near the transection line. The stomach is repositioned to its original position.

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