TOTAL LAPAROSCOPIC SPLEEN SPARING DISTAL PANCREATECTOMY IN SOLID PSEUDOPAPILLARY NEOPLASM OF PANCREAS: A RARE CASE FINDING

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Background:

Distal pancreatectomy is usually performed for benign tumours with a low malignant potential, endocrine tumours & even chronic pancreatitis affecting the tail of the pancreas. Spleen sparing distal pancreatectomy is often performed for benign tumour of distal pancreas. It has a benefit of avoiding immunodeficiency and thrombocytosis. Also the potential risks of post splenectomy infections, sepsis & necessity anticoagulant medical therapy is also minimized.

Case Report

A 15 years old female with no prior history any medical illness presented with the chronic abdominal pain accompanied with episodes of vomiting. On examination, per abdomen was soft with no palpable organomegaly or any obvious lump. Computed tomography revealed a 4.3x5.5x4.5 cm heterogeneously enhancing lesion mostly arising from the tail of pancreas with non-enhancing area (necrosis/ cystic component) – possibly a solid pseudo papillary tumour (SPT) of the pancreas/ mucinous cystadenoma. Routine biochemical & haematological investigations were within normal range including CA 19-9.
The patient was taken up for total laparoscopic distal pancreatectomy sos splenectomy in supine position. Total laparoscopic spleen sparing distal pancreatectomy was done under general anaesthesia.

Postoperative Course:
Nasogastric tube was removed immediately postoperatively. The patient resumed on oral diet on postoperative day 2 and diet was advanced as tolerated. abdominal drain was removed on postoperative day 5. The postoperative period was uneventful and the patient was discharged on postoperative day 7.

Results: The first follow-up visit was 15 days after discharge and the patient was tolerating a regular diet without any episode of abdominal pain. Histopathology examination revealed features suggestive of Solid Pseudo Papillary Epithelial Neoplasm

Conclusion: pancreatic pseudo papillary tumours are rare neoplasms with malignant potential. Timely resection on diagnosis provides long-term survival. A laparoscopic approach is technically demanding and time consuming, but it can be performed safely thanks to accumulated experience. Such a minimally invasive approach would help to improve patient quality of life by minimizing treatment-related discomfort

References

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