

## Total pancreatectomy in Extensive cystic neoplasm of pancreas : A case report

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**Introduction:** Pancreatic cystic lesions are increasingly identified on routine imaging. These lesion have the probability of malignant potential that require surgical resection. However even with improvements in present imaging as CT scan or MRI ,These lesions are still challenging to accurately diagnose preoperatively and sometime were difficult to decision for observation or resection , and if resection ,what is the proper procedure for each patient. Total pancreatectomy maybe was performed in a patient with extensive lesion and highly suspicious pancreatic malignant neoplasm.

**Method:** A case of 54 years-old female had Modified radical mastectomy for breast cancer. After ultrasonography work up for liver metastasis , the imaging show cystic lesion at pancreatic head size 1.5x1.5 cm. She had no symptom and her laboratory tests including tumor marker were normal. For 2 years CT scan followed by MRI , there were mixed solid and cystic lesions at pancreatic head and uncinate process measured about 4.5x4.1 cm. This lesion shows no definite connection with the main pancreatic duct . Moreover the imaging showed multiple small cysts in uncinate process ,body and tail that communicating between the cysts and the main pancreatic duct (MPD). Because of the increase in size and number of cystic lesions throughout pancreas , solid plus cystic component and evidence of the communicating to MPD. According to Imaging lesion , surgical resection was planned for remove lesion because of unable to distinguished malignant neoplasm.

**Result :** Due to the extensive and multiple cystic lesions along pancreas that confirmed by intraoperative ultrasonography. Total pancreatectomy was performed with duodenujejunostomy , hepaticojejunostomy and splenectomy. Operative time was 315 minutes and 300 ml. of blood loss . Postoperative serum glucose was monitored and controllable with minimal doses insulin.Serum glucose level average 120-200 mg% and highest level not more than 300 mg%. Postoperation ,when she can had enteral diet , the pancrealipase delayed release capsule ( Creon ) was prescribed as pancreatic enzyme supplementation. Pathological diagnosis was serous cystadenoma of pancreatic head , body and tail, negative for malignancy of 3 mesenteric lymph node and 11 peripancreatic lymph node.

**Conclusion:** It is difficult to make a definite preoperative diagnosis of pancreatic cystic neoplasm. Observation or surgical resection depended on clinical and radiological finding. Total pancreatectomy may be mandated if cystic lesions were entirely distribution along a pancreas.