

Laparoscopic distal pancreatectomy in large neuroendocrine tumor

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Background : Since the first laparoscopic distal pancreatectomy was done by Gagner in 1993, the acceptance of the operation is still very slow because of the difficulty of operation. Recently, laparoscopic distal pancreatectomy become more widely accepted because most reviews and meta-analysis show the benefit of the operation without compromising outcome especially in small benign or low grade malignant tumor of pancreas. Splenic preservation is recommended in benign and low grade malignant tumor because of fewer infectious complication but the preservation of splenic vessels is difficult and tedious. In 1988 Warshaw proposed splenic preservation with resection of the splenic vessels which is easier and more successfully done. In large pancreatic tumor, splenic preservation can be easily done by Warshaw technique.

Objective : To present our operative technique of laparoscopic distal pancreatectomy with preservation of spleen by Warshaw technique

Case report : A 26-year old woman present with asymptomatic abdominal mass for many years. CT scan identified inhomogenous enhancing mass about 10 cm. at tail of pancreas. The patient was successfully treated with laparoscopic distal pancreatectomy with preservation of spleen by Warshaw technique. Post operative course was uneventful without pancreatic fistula. Pathologic report was neuroendocrine tumor. CT scan at 6 months showed no recurrence and some splenic infarction without symptom.

Conclusions : Laparoscopic distal pancreatectomy with preservation of spleen by Warshaw technique is safe and can be an alternative to standard surgery.

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