

My experience of duodenum preserving pancreatic head resection

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Since the duodenum serves an important role as the “pacemaker” for the digestive system,⁹ an alternative procedure to PD such as a duodenum-sparing pancreatic head resection (DPPHR) may result in fewer long-term complications following surgery .

The duodenum-preserving pancreatic head resection (DPPHR) has been described as treatment for low-grade malignant tumors of the head of the pancreas

Randomized controlled trials (RCTs) show initial functional advantages for the organ-preserving DPPHR compared to PD, but these advantages are lost during follow-up, most likely because neither operation prevents a progressive loss of exocrine and endocrine function. Nevertheless the less invasive DPPHR should be regarded as the procedure of choice.

Between 2012 and 2013, four patients underwent DPPHR due to benign or low-grade malignant pancreas tumor. We performed this retrospective analysis based on the medical records.

Duodenum-preserving pancreatic head resection (DPPHR) has been safely performed in patients with chronic pancreatitis.

Two patients were diagnosed as intraductal papillary mucinous neoplasms. One patient was diagnosed as IgG4 associated pancreatitis. And one patient whose diagnosis was mucinous cystadenoma, was diagnosed serous cystadenoma.

Two of four patients underwent combined resection. One patient underwent Extended Rt.hepatectomy (Klatskin tumor) with DPPHR.

One patient underwent Rt. Hepatectomy (intrahepatic CCC) with DPPHR.

The mean age of patients was 68 (60-79) years, and the mean follow up period was 48 months.

The operation time, blood loss and length of stay were 442.5 minutes, 680 ml and 19.2 days, respectively. There was no mortality. Five patients experienced complications including 1 delayed gastric emptying, 2 bile duct strictures, 1 pancreatic fistula and 1 duodenal stricture. No recurrence or metastasis was found during follow-up.

In benign and low-grade malignant lesions of pancreatic head, DPPHR could be alternative to traditional surgery.