duodenal cancers, 2 focal pancreatitis, 1 choledochal cyst, solid pseudopapillary tumor, and 1 colon cancer with duodenal invasion were noted. Seventy-one patients underwent pylorus-preserving pancreatoduodenectomy, central pancreatectomy (robot or laparoscopic assisted) in 4, and subtotal stomach-preserving pancreatoduodenectomy in 2 patients. Only 1 postoperative mortality unrelated to pancreaticogastrostomy (pneumonia sepsis) was noted. Postoperative complications were noted in 35 patients (45.5%). Clinical relevant postoperative pancreatic fistula (POPF, grade B) was found in 18 patients (23.4%), and it prolonged postoperative hospital stay (17.3+/-6.6 days vs. 25.4+/-7.1 days, $p<0.001$). No grade C POPF was found. All POPF could be successfully managed conservatively without interventional radiologic approach. One-year follow-up morphologic assessment showed some atrophic change and dilated pancreatic duct in remnant pancreas (thickness=-3.7+/-4.7 mm, pancreatic duct= 1.2+/-2.9 mm, $p<0.05$). There was significant negative correlation between thickness and ratio of pancreatic duct (R2=-0.097, P=0.033), however, nutritional assessments including body weight, cholesterol, albumin, and body mass index were all acceptable comparing to preoperative values. Thirteen patients (13.6%) reported intermittent steatorrhea. Postoperative glucose control is solely dependent on preoperative reserve function of patients' endocrine function ($p<0.05$).

Conclusions: Transgastric pancreaticogastrostomy is easy, safe and can be alternative surgical technique in managing remnant soft pancreas.

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Laparoscopic Distal Pancreatosplenectomy with a Gastric Wedge Resection for Recurred Ovarian Cancer: Case Report

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Hand-assisted laparoscopic splenectomy for isolated splenic metastasis has been reported in several studies. However, the role of complete laparoscopic surgery is still controversial in gynecologic malignancies. Some studies have reported only their experiences in primary and second debulking surgery for ovarian cancer. In this paper, we present the complete laparoscopic treatment of an isolated prepancreatic metastatic nodule by laparoscopic distal pancreatosplenectomy with a gastric wedge resection. Complete laparoscopic surgery for selective patients with gynecologic malignancy may achieve safe oncologic outcomes and the chance to start postoperative treatment early. Furthermore, these patients may benefit from the advantages of laparoscopic surgery.