Several situations for pancreatic cancer located in pancreas neck

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The standard surgery for pancreatic head cancer is pancreaticoduodenectomy (PD), and that for pancreatic body and tail cancer is distal pancreatectomy (DP). However, it is difficult to determine the standard surgery in case of the pancreatic cancer located in the pancreatic neck. The pancreatic neck is the arbitrary junction between the head and body of the pancreas and portal vein lies behind it. Although the central pancreatectomy is indicated for patients who have non-invasive malignant such as PanIN-3 or IPMN in the neck of the pancreas, removal of tumors in this area often require removing a large portion of the normal pancreas by surgical procedures such as an extended PD or a subtotal DP (removal of >80% of the pancreas) or total pancreatectomy (TP)(carefully selected patients). It is most important to get the cancer free margin at the pancreatic cut end in both procedures, PD or DP. For this purpose, the surgical margin is usually secured more than 2cm from the margin of the tumor in our institute. And the frozen section of the pancreatic cut end is always examined. When the tumor is located in the left margin dominant of the portal vein, a subtotal DP resecting the pancreas behind the gastroduodenal artery is usually chosen. On the other hand, when the tumor is located in the right margin dominant, an extended PD resecting the pancreas in the 2-3cm left from the root of the splenic artery is usually chosen. However, in case of the intraductal spreading of the tumor to the both directions (pancreatic head and tail), a TP is sometimes considered. I would like to introduce our surgical strategy for the pancreatic cancer located in the pancreatic neck with video.