

Unexpected Metastasis During Operation for Periapillary Cancer: O&C, Bypass or Resection?

Ho Kyoung Hwang

Yonsei University

We generally agree that pancreaticoduodenectomy (PD) is not appropriate approach to the patients with unexpected distant metastasis during operation for periapillary cancer considering high surgical morbidity rate and less oncologic benefit. However, if the patient has only solitary metastatic lesion in liver or other organs with locally resectable primary cancer, and the patient is relatively young and has very good performance status, the surgeon sometimes feel like resecting the primary cancer plus metastasectomy. Michalski CW et al.¹ reported that overall survival of the pancreatic cancer patients in cases with one or few liver metastases which are concomitantly resected seem to be comparable to cases without evidence of metastasis in their systemic review article. However, the value of metastasis resection, even R0 resection grossly could be achieved throughout metastasectomy, remains a matter of controversial discussion. Because there is only a limited number of case reports and smaller studies on metastasectomy during PD, we want to exchange your opinions and briefly review the published data. Next, we also want to discuss the value of prophylactic bypass surgery in the case of unresectable periapillary carcinoma due to multiple metastases. Because of its close proximity to the gastric and distal bile duct outlet, these periapillary cancers can cause obstruction to the gastric and biliary outlet. While gastric or biliary bypass surgery or stenting is necessary for patients who have established gastric or biliary obstruction, the role of prophylactic gastrojejunostomy or hepaticojejunostomy in patients without established gastric outlet or biliary obstruction is controversial. Gurusamy KS et al.² concluded that routine prophylactic gastrojejunostomy is indicated in patients with unresectable periapillary cancer undergoing exploratory laparotomy (with or without hepaticojejunostomy) in their meta-analysis. As you know, the incidence of resectable case is very low in periapillary cancers. In this session, I want to discuss what the surgeon's role is for the remaining unresectable patients with sharing with you whatever seems important to our patients.

1. Michalski CW, Erkan M, Huser N, Muller MW, Hartel M, Friess H et al. Resection of primary pancreatic cancer and liver metastasis: a systematic review. *Dig Surg* 2008; 25: 473-480.
2. Gurusamy KS, Kumar S, Davidson BR. Prophylactic gastrojejunostomy for unresectable periapillary carcinoma. *Cochrane Database Syst Rev* 2013; 2: Cd008533.