MISCELLANEOUS 0426

LAPAROSCOPIC MIDDLE PANCREATECTOMY

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Aims: Although laparoscopic surgery is now extensively used, laparoscopic middle pancreatectomy (LMP) has rarely been described.

Methods: A 45-year-old female was diagnosed with branch duct intraductal papillary mucinous neoplasia (IPMN) at the pancreatic neck, which was discovered after numerous attacks of acute pancreatitis. LMP was decided for treatment.

Results: The patient underwent pure LMP with right to left dissection and one layer pancreatogastric anastomosis. Surgery lasted 160 minutes with 20 ml of blood loss. A frozen section showed negative margins on both sides. The postoperative course was uneventful with 15 days in the hospital. Histology confirmed the diagnosis of branch duct IPMN with moderate dysplasia and negative margins. The patient is symptom free 9 months after surgery.

Conclusions: Our results and the data in the literature suggest that the laparoscopic approach is indicated for MP because there are no technical or oncological contraindications and the outcome is similar to that with the open approach.

PANCREAS CANCER 0437

HANGING MANEUVER OF THE SUPERIOR MESENTERIC ARTERY FOR PANCREATICODUODENECTOMY

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Aims: Dissection of the retroportal lamina is the critical step during pancreaticoduodenectomy and determines directly the oncological results. An interesting technique was firstly describe by Pessaux et al., the hanging maneuver of the superior mesenteric artery. This technique is may be useful to standardize the resection of the retroportal lamina and consequently improving R0 resection rate.

Methods: We performed the technique of the hanging maneuver of the superior mesenteric artery during an open surgery pancreaticoduodenectomy. In this case, a vascular resection and reconstruction was necessary.

Conclusions: For us, the hanging maneuver is very interesting to facilitate and standardize the complete resection of the retroportal lamina. This technique could improve R0 resection rate and more generally oncological outcomes.

PANCREAS CANCER 0501

THE PARIETAL PERITONEUM FOR THE RECONSTRUCTION OF THE MESENTERICOPORTAL VEIN DURING PANCREATICODUODENECTOMY

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Aims: The reconstruction of the mesenterciportal vein (MPV) during HBP surgery by the parietal peritoneum was described for the first time recently by our group.

Methods: 75 year old male patient was admitted for the management of pancreatic head adenocarcinoma developed on IPMN. The same disease was treated 5 years ago by distal pancreatectomy (T3N0R0) with adjuvant chemotherapy. On imaging studies the lesion was classified as borderline related to lateral invasion (<180 °C) of the right border of the MPV. There was no jaundice. We decided totalisation by pancreaticoduodenectomy. After resection, the MPV was reconstructed by a large lateral patch harvested from the parietal peritoneum of the prerenal area.

Results: The postoperative course was uneventful with standard preventive anticoagulation therapy and 10 days of hospital stay. Histology confirmed the presence of well differentiated adenocarcinoma (T3N0R0) with focal invasion of the portal vein. Adjuvant chemotherapy was started. CT scan done 2 months postoperatively showed complete patency of the reconstructed MPV.

Conclusions: The parietal peritoneum is safe, rapid to harvest, of unlimited size and efficient autogenous substiture for venous reconstruction in HBP surgery.

LIVER 0538

LAPAROSCOPIC PARENCHYMAL-SPARING RESECTION OF SEGMENT EIGHT

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Aims: Surgical management of liver lesions has moved toward «parenchymal-sparing» strategies, when possible. Whilst open parenchymal-sparing liver resections are supported by encouraging results, laparoscopic limited resections have been extensively reported for peripheral lesions, but their applicability for non-peripheral tumours is still questionable. In this video we demonstrate our technique developed through the years to accomplish safe and radical laparoscopic parenchymal-sparing liver resections for non-peripheral tumours.

Methods: A 60 year-old woman was diagnosed with a solitary 25 mm colorectal metastasis in Segment 8. A