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Video of the month

Robotic distal pancreatectomy with splenic preservation[☆]



Pancreatectomía distal con preservación esplénica por robot

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Fig. 1

We present the case of a 38-year-old female patient with a history of cholecystectomy, who developed chronic pancreatitis secondary to obstructive distal pancreatolithiasis. The multidisciplinary tumor committee decided to proceed with surgical treatment, proposing robot-assisted distal pancreatectomy with spleen preservation. Preoperative magnetic resonance cholangiopancreatography showed a dilated pancreatic duct secondary to obstructive pancreatolithiasis. During surgery, we observed a clear change in the color of the pancreas that coincided with the location of the pancreatolithiasis. Intraoperative ultrasound showed dilation of the pancreatic duct distal to the obstructive pancreatolithiasis. Intravenous indocyanine green was administered, which confirmed correct vascularization of the pancreas. The neck of the pancreas was divided after prolonged compression using a reinforced endostapler. Distal pancreatectomy was completed, identifying and preserving the splenic artery and vein. A drain tube was placed in the surgical bed. The postoperative period was uneventful, and the patient was discharged on the fourth postoperative day after removal of the

drain tube. The pathology study identified a 1.6-cm lithiasis, signs of chronic pancreatitis, and absence of malignant disease (Fig. 1).

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Conflict of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.cireng.2023.04.007.

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