



Video of the month

Laparoscopic radical antegrade modular pancreateosplenectomy (RAMPS) for cystadenocarcinoma of the pancreas

Esplenopancreatectomía radical modular anterógrada (RAMPS) laparoscópica por cistoadenocarcinoma de páncreas

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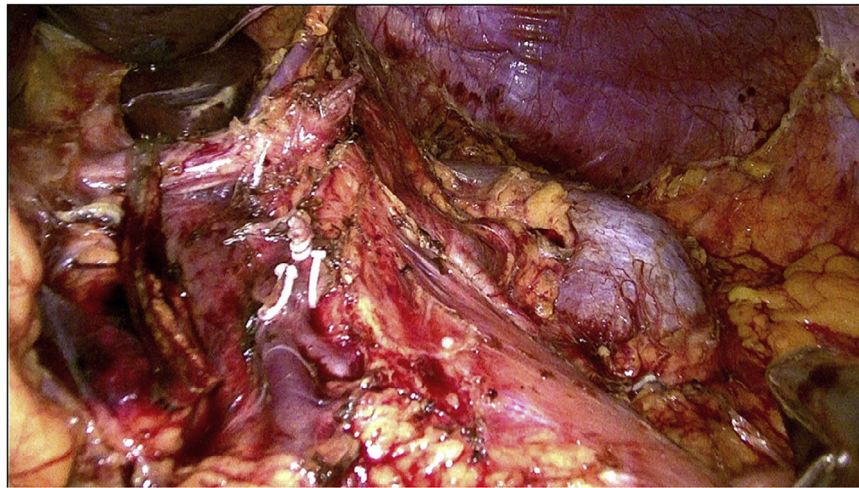


Figure 1

The patient is a 59-year-old female with no history of interest who described symptoms of postprandial fullness and weight loss. CT scan revealed a well-defined 9-cm heterogeneous lesion dependent on the body/tail of the pancreas. The initial diagnosis was a degenerated cystic lesion, compatible with mucinous cystadenocarcinoma.

We performed laparoscopic radical antegrade modular pancreateosplenectomy (RAMPS), and the left Gerota's fascia and prerenal space were included in the resection plane.

During the postoperative period, the patient presented a pancreatic fistula, which was treated with percutaneous drainage (ISGPS grade B).

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The pathology report confirmed a 10-cm mucinous cystadenocarcinoma of the pancreas with free margins and no lymph node involvement (Fig. 1).

This technique is indicated in malignant lesions of the body and tail of the pancreas. It is associated with: lower rate of R1 resections, wider circumferential resection margins, and more extensive regional lymphadenectomy. In selected cases and performed by expert teams, its oncologic results are comparable to those of open surgery.

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Conflict of interests

The authors have no conflicts of interests 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.2023.04.012>.