



## Video of the month

# Laparoscopic distal pancreatectomy with splenic preservation due to blunt abdominal trauma

## Pancreatectomía corporocaudal con preservación esplénica laparoscópica por traumatismo abdominal cerrado

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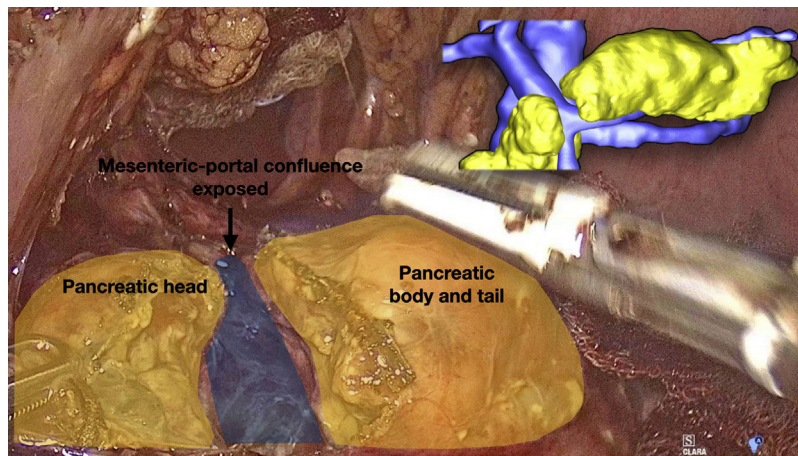


Fig. 1

Patient presented with blunt abdominal trauma. Abdominal CT scan showed laceration of the pancreatic neck. The patient was proposed for a corporocaudal pancreatectomy with splenic preservation by laparoscopy. Surgery commenced by opening the transavity of the omentum. The lower edge of the pancreas was dissected at the level of the neck, confirming a complete

resection. The pancreatic section was completed, leaving the mesenteric-portal confluence exposed (Fig. 1). The splenic artery and vein were dissected and preserved and separated from the pancreatic gland. The remaining pancreatic was reinforced. Postoperatively, the patient presented biochemical leakage. He was discharged on the 15th postoperative day.

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**Conflict of interest**

All authors declare no conflicts of interest.

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**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.ciresp.2023.12.005>.