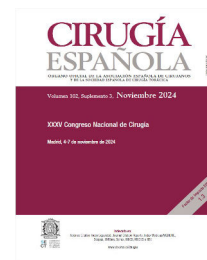




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VC-084 - FULLY LAPAROSCOPIC DISTAL SPLENIC PANCREATECTOMY WITH PROPHYLACTIC HIPEC (WITH VÍDEO)

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Resumen

Introduction: Pancreatic adenocarcinoma remains the more aggressive cancer of the gastrointestinal tract. Systemic disease control, local respectability and peritoneal remains the three main fronts to be faced. Multimodal treatment is needed in order to improve survival. First neoadjuvant treatment should be routinely applied because it's mandatory to consider an early stage as a disseminated disease. Neoadjuvant treatment also allows to select patients that can be treated surgically. Second, neoadjuvant radiotherapy followed by surgical allows local control with acceptable mortality and morbidity rate in high-level hepatobiliary pathology centre and give patient the benefit of an R0 resection. The third mayor front that is still to be faced is the high rate of peritoneal carcinomatosis. Just as extensive surgical resection and neoadjuvant treatment had gained wider acceptance in the latest decades, also prophylactic HIPEC should be considered for the treatment of localized pancreatic adenocarcinoma. With an acceptable rate of morbi-mortality can improve peritoneal disease control. In this video we present a fully laparoscopic distal splenic pancreatectomy with prophylactic HIPEC.

Case report: A 67 years old female was diagnosed with an adenocarcinoma staging T2N0. She received neoadjuvant treatment with chemotherapy (Folfinorox, 5 cycles) and radiotherapy (totally 50 Gy, 10 session in 5 cycles). Laparoscopic distal pancreatectomy with prophylactic HIPEC was performed. The operative time was 180 minutes, without significant intraoperative blood loss. The postoperative course was uneventful and the patient was discharged 6 days after the surgery.

Discussion: Prophylactic HIPEC is a therapeutic option that has to be considered in the treatment of pancreatic adenocarcinoma.