AB192. SOH21AS244. A case report of robotic assisted spleen preserving distal pancreatectomy for a mucinous cystic neoplasm

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Background: Mucinous cystadenomas are premalignant lesions of the pancreas, found predominantly in young females. They have a potential to progress to pancreatic adenocarcinoma, and so surgical resection is the favoured treatment. Using intra-operative video, we describe a robotically assisted spleen preserving distal pancreatectomy. A 28-year-old woman was referred with a 10-week history of epigastric pain radiating to the back. CT showed a 5 cm cystic lesion in the proximal tail of the pancreas. Further characterisation with magnetic resonance imaging (MRI) and endoscopic ultrasonography (EUS), demonstrated likely mucinous cystic neoplasm.

Methods: The patient underwent a robotic assisted spleen preserving distal pancreatectomy. Four ports were placed transversely across the lower abdomen, with an assistant port in the left iliac fossa. The lesser sac was entered through the greater omentum. The pancreas was dissected inferiorly, superiorly, and from the splenic hilum. Due to an intense inflammatory process the splenic pedicle was densely adherent to the pancreas and could not be satisfactorily demonstrated. We converted to a laparoscopic Warshaw approach. A retro pancreatic tunnel was created proximal to the lesion. The pancreas and splenic vessels were divided using multiple Endo GIA staple fires. The staple line was oversewn, and a Robinson drain was left in situ.

Results: The patient spent one night in the high dependency unit and was discharged day 6 post-op. Histology confirmed a pancreatic mucinous cystadenoma.

Conclusions: Minimally invasive distal pancreatectomy is emerging as the gold standard approach for tail of pancreas lesions. This is the first robotic assisted distal pancreatectomy performed in Ireland.

Keywords: Minimally-invasive; hepatobiliary; pancreatic; robotic; pancreatectomy

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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