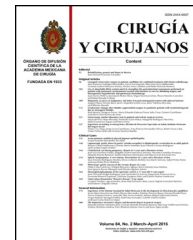




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CLINICAL CASE

Totally laparoscopic pancreaticoduodenectomy. First case reported in México[☆]



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KEYWORDS

Periampullary cancer;
Whipple procedure;
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aticoduodenectomy

Abstract

Background: Approximately 48,960 people in the USA will be diagnosed with pancreatic cancer in 2015 and 40,560 will die for this reason; in Mexico, the new cases of pancreatic cancer in 2012 were 4274, with 4133 deaths; survival rate at 5 years goes from 1% to 15%. Less than 20% of cases were considered resectable at the time of diagnosis. The Whipple procedure is currently the only curative treatment option for periampullary cancers since the first communication by Whipple in 1935, and up until now is a common procedure in several reference centres around the world. In 1994, Gagner reported the first totally laparoscopic pancreaticoduodenectomy. Some groups have currently demonstrated the safety and efficacy of this technique.

Objective: To report our initial experience with totally laparoscopic pancreaticoduodenectomy in the Hospital General de México.

Clinical case: The case concerns a 58 year-old women with jaundice and loss of weight of 3 months onset. Her biopsy reported adenocarcinoma of Vater's ampulla, and as it was considered resectable, she underwent a laparoscopic pancreaticoduodenectomy.

Conclusions: This procedure must be performed in centres with experience in open pancreatic surgery and training in advanced laparoscopic surgery. The main advantages are lower blood loss and shorter hospital stay.

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PALABRAS CLAVE

Cáncer periampular;
Procedimiento de
Whipple;
Pancreatoduodenec-
tomía laparoscópica

Pancreatoduodenectomía totalmente laparoscópica. Primer caso reportado en México**Resumen**

Antecedentes: Se estima que en el 2015 en Estados Unidos de Norteamérica 48,960 personas serán diagnosticadas con cáncer de páncreas y 40,560 morirán por esta causa; en México, el número de nuevos casos en 2012 fue de 4,274, mientras que se presentaron 4,133 defunciones; la sobrevivida a 5 años va del 1 al 15%. Menos del 20% de los casos son considerados resecables al momento del diagnóstico. La cirugía de Whipple continúa siendo hoy en día la única opción de tratamiento con intento curativo para la enfermedad tumoral periampular, desde la primera publicación por Whipple en 1935 hasta nuestros días, en que se realiza con frecuencia en centros de referencia. En 1994, Gagner reportó la primera pancreatoduodenectomía realizada completamente por vía laparoscópica. Diversos grupos han demostrado la seguridad y eficacia del empleo de este abordaje.

Objetivo: Comunicar nuestra experiencia inicial con la pancreatoduodenectomía totalmente laparoscópica en el Hospital General de México.

Caso clínico: Se reporta el caso de una mujer de 58 años con ictericia obstructiva y pérdida de peso de 3 meses de evolución, a quién se diagnostica adenocarcinoma de ampulla de Váter, se consideró resecable por estudios de imagen y se realizó cirugía de Whipple, por vía laparoscópica.

Conclusión: Este tipo de procedimiento debe ser realizado en centros con experiencia en cirugía pancreática abierta, con adiestramiento en cirugía laparoscópica avanzada. La ventaja de este abordaje se centra, principalmente, en un menor sangrado transoperatorio y menor estancia hospitalaria.

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Background

The American Cancer Society estimates that 48,960 people will be diagnosed with pancreatic cancer in 2015; 40,560 will die from this disease.¹ In Mexico, according to the latest information from Globanc, there were 4274 new cases in 2012, and 4133 deaths.² Survival at 5 years ranges from 1% to 15% according to the clinical stage at time of diagnosis. Somewhat fewer than one in every 5 cases are considered resectable at time of diagnosis.³

Pancreatoduodenectomy or Whipple's procedure, as it is also known, is still the only treatment option with curative intent for periampullary cancer,⁴ covering pancreatic adenocarcinoma, distal cholangiocarcinoma, ampullary adenocarcinoma and duodenal adenocarcinoma.

Over the years, advances in medical and particularly surgical techniques have resulted in the application of new surgical procedures and more and better technological tools in the area of pancreatic surgery.

Whipple's procedure has evolved since the first publication in 1935, when the resection was completed in 2 stages⁵ (it is described in one stage in 1941),⁶ with some referral centres currently reporting over 100 procedures a year.^{7,8} This evolution has resulted in an improved mortality rate at less than 2%. However, morbidity has remained constant at between 30% and 40%.

In 1994, Gagner reported the first pancreatoduodenectomy to be performed completely laparoscopically.⁹ Initially this was not well accepted because of the complexity, multiple anastomoses and length of the procedure.

Various groups have now demonstrated the safety and efficacy of the laparoscopic approach in pancreatoduodenectomy.¹⁰

The objective of this study was to make known our initial experience with a pancreatoduodenectomy performed entirely laparoscopically, and the surgical technique we used in the *Hospital General de México*.

Clinical case

A 58-year-old female patient, from the city of Guanajuato, and a housewife. With a history of type 2 diabetes mellitus of 12 years onset, managed initially by diet and then oral hypoglycaemic agents and 3 years prior to admission by insulin glargine, 7 IU per day, with adequate control of the disease.

The disease started 3 months prior to her admission when the patient presented jaundice, choloria, asthenia, adynamia, with weight loss of approximately 10 kg, over the same period. On admission she presented jaundiced skin and sclera. General examination showed no pathological signs. The laboratory tests reported total bilirubin 15.5 mg/dl, direct bilirubin 8.9 mg/dl, alkaline phosphatase 1860 u/l, GGT 2217 u/l, with albumin 1.4 g/dl. Abdominal ultrasound reported dilation of the intra and extrahepatic bile duct, common bile duct 17.8 mm, with hyperechoic images inside relating to biliary sludge. The bile duct had heterogeneous predominantly hyperechoic content due to biliary sludge. The pancreatic gland had a heterogeneous

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