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Fate Of Small Remnant Pancreas Tail In Splenic Hilum After Laparoscopic Spleen Preserving Distal Pancreatectomy

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Background : Laparoscopic spleen preserving distal pancreatectomy (LSPDP) has been shown to be safe and readily feasible, and is becoming widely accepted as the standard surgical option for benign or borderline malignant diseases of the pancreas body/tail portion. But, we sometimes encounter anatomically challenging patients with the pancreas tail deep into the splenic hilum. The purpose of this study was to discuss the experience of the surgical technique leaving a deep pancreas tail of the splenic hilum in these patients.

Methods : There were eleven patients who underwent LSPDP with remnant pancreas tail between November 2019 and February 2021 at Samsung Medical Center, Seoul, South Korea. Their short-term postoperative outcomes were analyzed retrospectively.

Results : Mean operative time was 180.7 ± 18.9 min, estimated blood loss was 192.9 ± 105.8 ml, and postoperative length of stay was 6.3 ± 1.0 days (range 5 to 8). All eleven lesions were in the body or tail of the pancreas and included: 4 intraductal papillary mucinous neoplasms (IPMNs), 6 neuroendocrine tumors, and a chronic pancreatitis. Among eleven patients, pancreas tail in ten patients were left only on the splenic hilum at distal portion inside branching of the splenic vessel, and there was intraabdominal fluid collection which was naturally resolved in one patient. But other patient with remnant pancreas tail above the hilar vessels re-admitted due to postoperative pancreatic fistula with fever, and underwent internal drainage.

Conclusions : In spleen preservation, leaving small pancreas tail inside the splenic hilum would be feasible and more beneficial to the patient, rather than performing splenectomy in anatomically challenging patients.

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