Case Pictorial

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Laparoscopic Distal Pancreatectomy for Serous Cystadenoma with Anomalous Vasculature

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Pancreatic cystic neoplasms account for 2% of all pancreatic neoplasms of which only 1% are malignant.[1] They are usually picked up as incidental findings in imaging investigations. Pre-operative diagnosis still remains challenging. Imaging and fluid analysis often seems non-specific. Fine-needle aspiration cytology does not always yield diagnostic cells.

A 50-year old female presents with chronic abdominal pain for 5 years. Ultrasound abdomen revealed a pancreatic mass with features suggestive of cystadenoma. Contrast-enhanced computed tomography (CT) was done which showed an anomalous course of the splenic artery. A three-dimensional CT reconstruction (Figure 1) was used to trace the exact course and lie of the splenic artery, which showed it to be posterior and inferior to the pancreas, lying behind the course of the splenic vein. The patient was planned for laparoscopic distal pancreatectomy with the aid of the reconstructed image and underwent the same using high energy tissue sealing device (Figure 2). The spleen-preserving procedure could not be performed due to the posteroinferior and adherent course of the splenic artery. Post-operative period was uneventful. Histopathology confirmed the mass (Figure 3) as serous cystadenoma of the pancreas with margins free. Subsequent follow-up was uneventful. This case is highlighted to show that laparoscopic distal pancreatectomy can be performed safely even in tricky situations providing careful evaluation, especially of vascular anomalies is done.

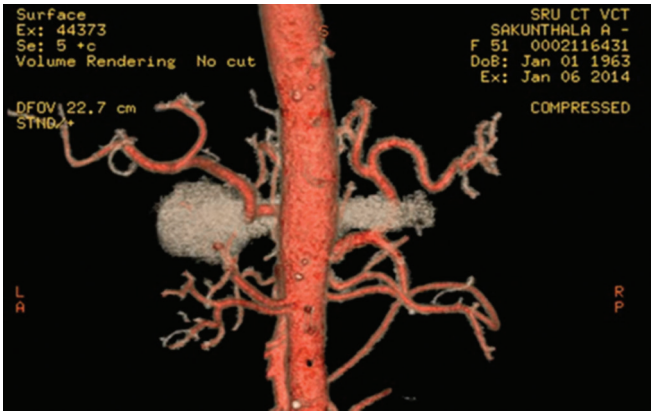

Figure 1: Computed tomography three-dimensional reconstruction of anomalous anatomy

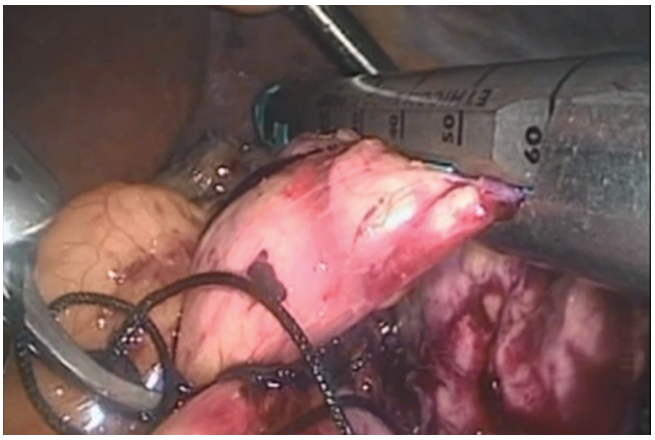

Figure 2: Distal pancreatectomy with high energy tissue sealers

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Points to Ponder

1. Rare reports of invasive growth[2] and mass lesion causing obstructive jaundice[3] have been reported in serous cystadenoma of the pancreas and hence should be thought to have malignant potential and hence must be resected. Spleen-preserving distal pancreatectomy

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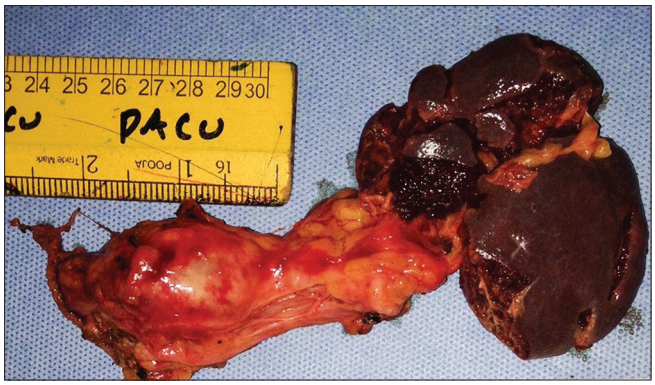

Figure 3: Specimen picture

should be the surgery of choice in ideal cases.

2. Laparoscopic distal pancreatectomy is now being done in advanced centers for its excellent patient acceptability, decreased hospital stay time, less bleeding, more chance of splenic preservation, and overall less morbidity.[4] Moreover, it provides better access to deeper reaches of the abdomen and in such cases having anomalous splenic artery, better visualization, and access are available to ideally tackle the tumor.

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