Vascular resection and reconstruction in patients with pancreatic cancer, case series

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Introduction
Option for borderline resectable pancreatic cancers is pancreaticoduodenectomy (PD) with vascular resection and reconstruction. We would like to share our experience of vascular reconstruction.

Methods
In a period of 2 years we had 6 patients with pancreatic cancer who had either borderline resectability on a pre-op CT scan or unexpected PV involvement was observed intra-operatively due to disease progression. Pancreatectoduodenectomy was performed in 4 patients whereas rest of the 2 patients had distal pancreatectomy, with vascular reconstruction.

Results
- 1st case - 51-year old male with pancreatic head carcinoma, involving posterior wall of portal vein (PV) and replaced right hepatic artery (RHA). Along with PD he underwent PV and RHA resection and reconstruction.
- 2nd case - 33-year old female who had distal pancreatic cyst and PV-Splenic vein junction was involved by tumor. Distal pancreatectomy+splenectomy and PV primary resection-reconstruction was done.
- 3rd case was a 72-year old with pancreatic neck adenocarcinoma involving PV-SMV junction. Subtotal pancreatectomy+splenectomy was done along PV-reconstruction via splenic vein patch graft.
- 4th case was a 77 year old male with cystic pancreatic head mass involving PV. PD with resection and reconstruction of portal vein was done.
- 5th case - 35-year old female; with peri-ampullary tumor & replace RHA, coursing through the pancreatic parenchyma. So RHA was resected and reconstructed in an end to end fashion.
- 6th case - was 51 years old female with pancreatic head adenocarcinoma which was adherent to posterior wall of proximal portion of portal vein, along with PD she underwent PV resection and repair with splenic vein patch graft.

Conclusion
Vascular resection-reconstruction can be done in borderline pancreatic cancer patients and a considerable survival benefit can be achieved.