Background:

The duodenum-preserving resection of the head of the pancreas (DPPHR) was first invented by Beger et al. for chronic pancreatitis. Several modified procedures have been introduced and applied to remove benign or low grade malignant lesions in the head of the pancreas, such as cystic lesion and of intraductal papillary mucinous neoplasm (IPMN), as well as to treat chronic pancreatitis.

Surgical techniques of the DPPHR

After laparotomy, the lesser sac is entered and the anterior aspect of the pancreatic head is fully exposed without performing Kocher’s maneuver. Next, the CHA and the GDA are dissected from the superior part of the pancreas. Then the right gastroepiploic vessel, ASPDA are isolated on the anterior surface of the pancreas. The sup. mesenteric vein is exposed from the inferior border of the pancreas to the anterior of the third portion of the duodenum.

The neck of the pancreas is transected along the midline of the SMV and PV. A polyvinyl tube is inserted into the main pancreatic duct. With preserving the right GEA, the ASPDA is identified. The PSPDA is identified and the pancreatic tissues is separated downward, preserving vessels. During dissection of the uncinate portion, the IPDA is taped and the pancreatic branches of the AIPDA are ligated and divided one by one toward the papilla of Vater, preserving the branches of the AIPDA to the duodenum. After careful dissection of the pancreatic head at the anterior wall of the bile duct toward the papilla of Vater, and then the confluence of the pancreatic duct is noted.

Leaving both the PSPDA and the CBD intact, the pancreatic tissues surrounding the CBD and intervening between the PSPDA and the CBD were carefully dissected. The main pancreatic duct is ligated and divided.

The pancreas is removed from the duodenum.

Results:

Discussion

Surgical technique

1) Intact duodenal blood supply from the mesoduodenum (AIPDA, PSPDA): without Kocher maneuver

2) Anatomical relationship between the bile duct and the pancreas: careful dissection

3) Choledochoduodenostomy is a relatively simple.

So, I feel that I should perform Choledochoduodenostomy to control cholangitis.

Conclusions:

In benign and low-grade malignant lesions of pancreatic head, DPPHR may be alternative to traditional surgery.

References
