To date, studies about simultaneous laparoscopic left adrenalectomy and spleen-preserving subtotal pancreatectomy using same-port placement are lacking. In our country, this is the first case to demonstrate the use of indocyanine green (ICG) enhanced fluorescence-guidance in the identification of vascular anatomy and ischemic parenchyma during spleen-preserving pancreatectomy.

**BACKGROUND**

42-year old female
Papillary Thyroid s/p Total Thyroidectomy with Central Neck Dissection (2016)
CC: Recurrent left flank pain

**CT SCAN and DYNAMIC PANCREAS**
Rapid increase in the size of both masses

- 1.5 cm area of focal low attenuation at the body of the pancreas
- 2.2 x 3 x 2.1 cm ovoid lesion attached to the left adrenal gland, 6 HFU
- 1.2 x 1.4 cm hypodense lesion in the body of the pancreas, 16 HFU
- 2.3 x 3.2 x 2.3 cm hypodense lesion in the lateral limb of the left adrenal, 3 HFU

**ENDOCRINE TESTS** unremarkable

**ENDOSCOPIC ULTRASOUND**
- multiple anechoic to hypoechoic lesions with no solid component at the pancreatic body measuring 1.8 cm connected to a non-dilated main pancreatic duct
- 2.8 cm hypoechoic structure below and posterior to the body and tail of the pancreas, superior to the left kidney

**FNAB** cystic mucinous epithelial neoplasm of the pancreas
CEA indeterminate

**IMPRESSION** Mucinous Epithelial Neoplasm of the Pancreas, Adrenal Mass to Consider Metastasis

**Diagnosis**
Macrocystic Serous Cystadenoma of the Pancreas and Adrenocortical Adenoma