

# Central segmental pancreatectomy

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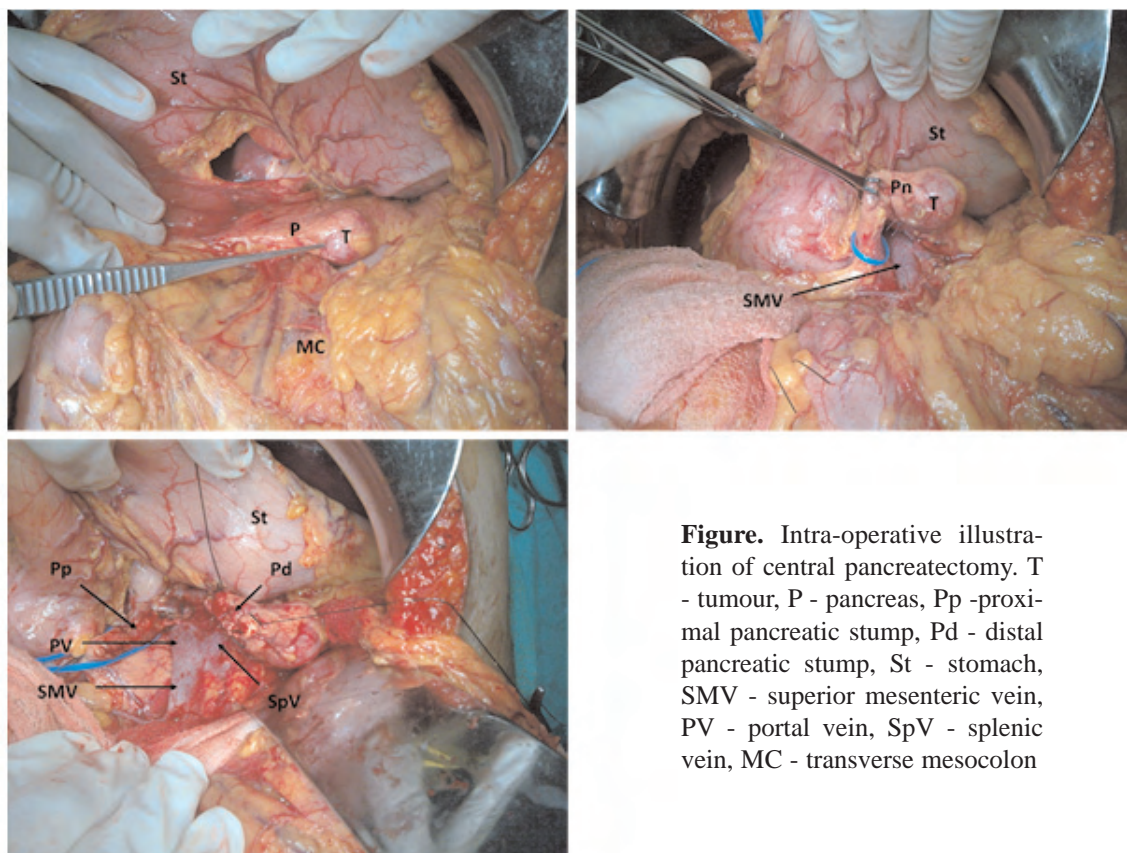
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Segmental pancreatectomy is an organ preserving technique of benefit in selected pancreatic lesions. These include benign or borderline malignant lesions < 5 cm in diameter located in the neck or proximal body of the pancreas. The principal benefits of this procedure include the preservation of endocrine function, splenic conservation and the avoidance of the morbidity and mortality associated with pancreaticoduodenectomy. Potential disadvantages compared to a conventional distal pancreatectomy include a longer operating time and

a slightly higher pancreatic leak and fistula rate, though these are easily controlled by conservative management.

A 54-year-old female investigated for abdominal pain was found to have a circumscribed, 2.5 cm lesion in the proximal body of the pancreas suggestive of a non-functional neuroendocrine tumour. The pancreatic neck was mobilised off the spleno-mesenteric confluence and the tumour resected with 1 cm margins of adjacent pancreas. The proximal (cephalic) stump was over-sewn and a Roux-en-Y pancreatico jejunostomy constructed for the distal (caudal) stump.



**Figure.** Intra-operative illustration of central pancreatectomy. T - tumour, P - pancreas, Pp -proximal pancreatic stump, Pd - distal pancreatic stump, St - stomach, SMV - superior mesenteric vein, PV - portal vein, SpV - splenic vein, MC - transverse mesocolon

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