



The place of Total Duodenopancreatectomy in treatment of pancreatic Neuroendocrine Neoplasms

Analysis of large surgical series and 5 own TDPE cases

¹Egorov V.I., ²Egorov A.V., ¹Petrov R.V., ²Vasilyev I.A.

¹15th Moscow City Hospital (MCH5), ² I.M. Sechenov 1st Moscow State Medical University, Russia

Disclosure Statement of Financial Interest: Authors Have Nothing To Disclose

IHPBA 2016 · SÃO PAULO

Background

- according to literature review TDPEs were performed in 4-13% cases of pNENs

Author, Country	Time period	NET characteristic	Patients, n	TDPE, n (%)
L. Gratian et al. (USA)	1998-2011	nonfunctioning NETs ≤2 cm	1353	130 (9,6%)
Ch. Gao (China)	1980-2003	pNENs	99	0
A. Zerbi et al. (Italy)	2004-2007	pNENs	262	12 (4,6%)
F. Tonelli et al. (Italy)	1992-2003	ZES+MEN1	16	1(6%)
J. A. Norton et al. (USA)	1992-2003	Locally advanced NENs	22	3 (13,6%)
D. Vezzosi et al. (France)	1957-2010	insulinomas+MEN1	73	3 (4%)
V. E. Mortellaro et al. (USA)	1970-2008	ZES+MEN1	12	0

Methods

Retrospective analysis of 5 cases TDPEs among 113 consecutive pancreatic resections for NENs from 2001 to 2015

Indications:

- Large tumors, occupying more than 2 anatomical regions with or without vascular involvement
- Multiple pNENs >2cm in all the anatomical regions, usually in patients with MEN-1 or MEN-4
- pNEN of the body and/or tail coexisting with malignant tumor of the pancreatoduodenal zone
- pNEN of the head and body and/or tail with multiple serous cystadenomas in von Hippel-

Lindau(VHL) disease

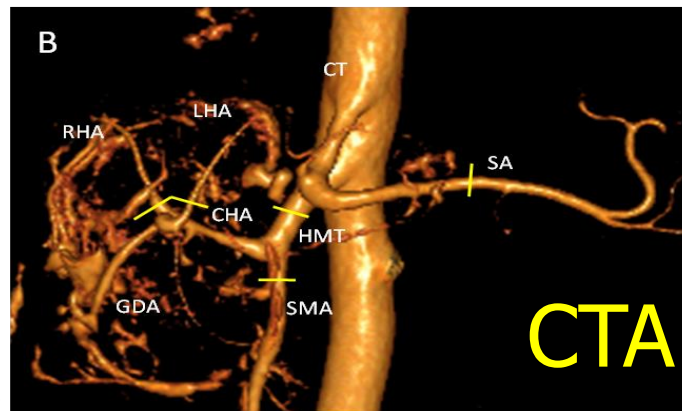
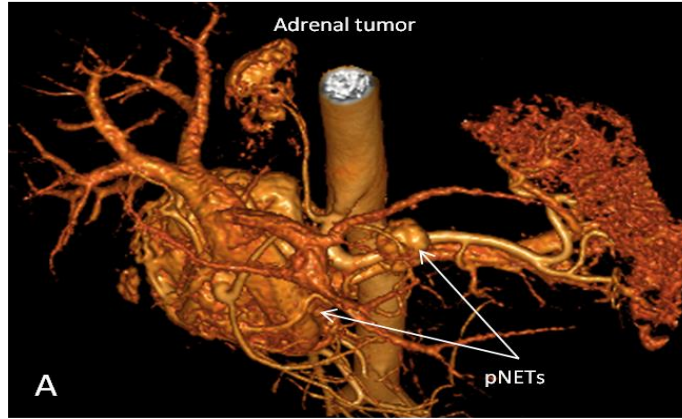
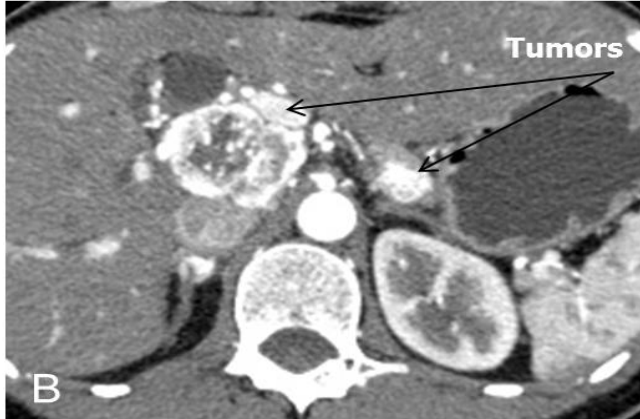
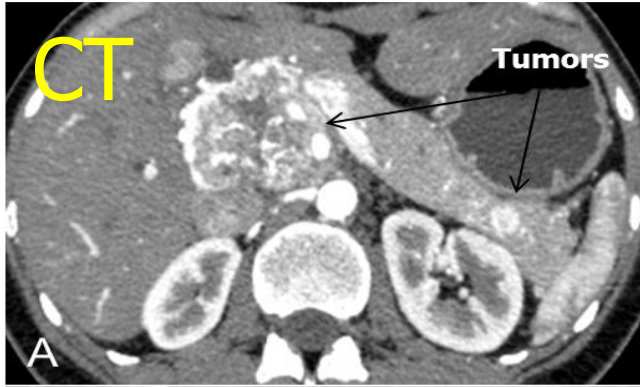
Results

TDPE for pancreatic NENs

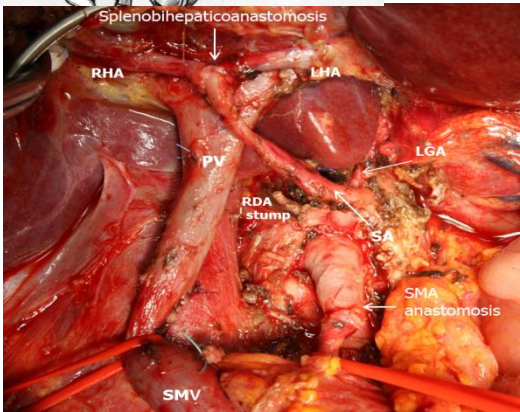
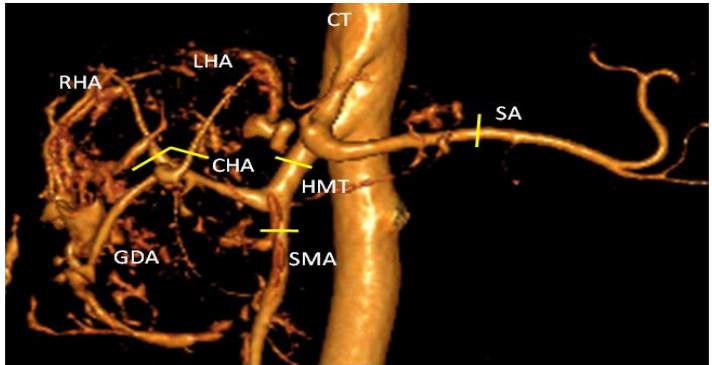
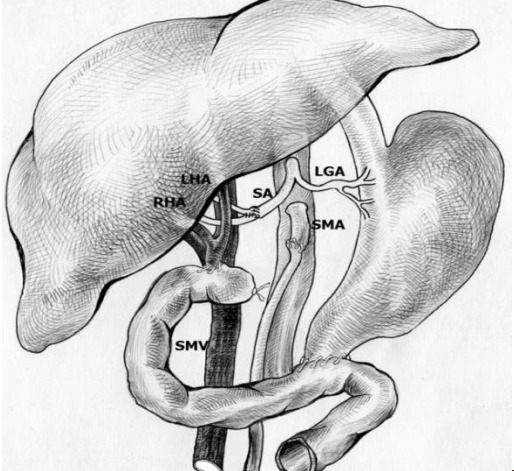
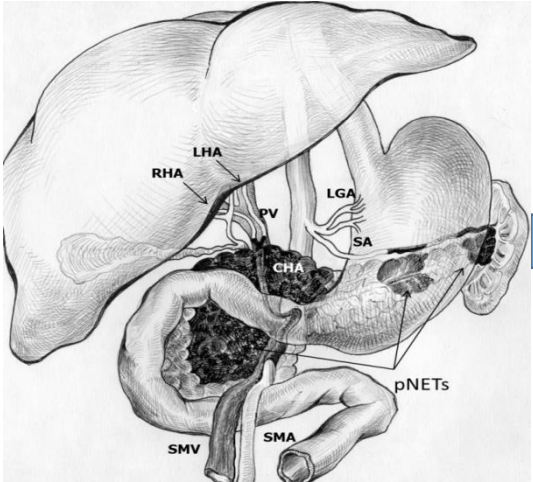
Cases, <i>n</i> (%)/ <i>N</i>	5 (4,4%) / 113
Morbidity, <i>n</i>	1 (small bowel segmental necrosis)
Mortality	None
Long-term outcomes:	
• Median surveillance time, Me(Min-Max),months	38 (12 – 66)
• Liver mets successfully treated by TACE	1 (30 months after surgery)
• Still alive with acceptable QOL & working ability	4
• Death from RCC mets in VHL patient	1 (8 months after surgery)

Case F, 33: NEC of the pancreatic head, Grade 3, NETs of the pancreatic body and tail, Grade 2, pT4NoMo, adrenocortical clear cell adenoma, pituitary microadenoma, MEN-1 syndrome

ChgA – 23 U/l
Ca - 1.25 mmol/l



Total duodenopancreatectomy with SMA resection and direct reconstruction, excision of the CHA and PHA, resection and reconstruction of the RHA and LHA bifurcation, with creation of an arterial splenobihepatico -anastomosis, splenectomy and right adrenalectomy



5 years after surgery

Conclusion

- TDPE is efficient option for pNENs treatment
 - Short- and long-term results are acceptable
 - Survival is mainly dependent on NEN or coexisting tumors behavior
-