

HIRURŠKO LEČENJE TUMORA PANKREASA

SURGICAL MANAGEMENT OF PANCREATIC TUMOURS

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Sažetak:

Uprkos napretku u dijagnostici, operativnoj tehnici i adjuvantnoj terapiji, karcinom pankreasa i dalje ima lošu prognozu i nisku resektabilnost.

U ovom radu izložili smo slučajeve 44 bolesnika iz naše hirurške prakse. Među bolesnicima je bilo 28 muškaraca i 16 žena sa prosečnom starošću od 64 ± 7 godina. Daleko najčešće se radilo o duktalnom karcinomu koji je zahvatao glavu pankreasa (u 88 %). Prva manifestacija karcinoma glave pankreasa kod 41 bolesnika bila je opstruktivna žutica, a kod 3 bolesnika povraćanje. Kod 3 bolesnika urađena je proksimalna pankreatoduodenektomija sa očuvanjem pilorusa, distalna pankreatektomija sa splenektomijom kod 3 bolesnika, dijagnostička laparotomija kod 6 bolesnika, a kod ostalih 32 bolesnika palijativna operacija. Kod 22 bolesnika učinjena je derivacija i žuči i gastričnog sadržaja (gastrojejunostomija i holecistoduodenostomija), kod 8 bolesnika holecistoduodenostomija sa Brown anastomozom i kod 2 bolesnika Roux-en-Y holecistoduodenostomija. Šest bolesnika je umrlo neposredno postoperativno, dok je prosečno preživljavanje bilo oko 11 meseci kod resekcija, a 5 meseci kod derivacija. Pankreatektomija jedina pruža nadu u izlečenje, dok derivacione operacije nude samo kratkotrajnu palijaciju.

Cljučne reči: lečenje, hirurgija, tumori pankreasa, pankreatektomija.

Abstract:

Despite the progress in diagnosis, operative technique and adjuvant therapy pancreatic carcinoma continues to have poor prognosis and low resectability rate.

In this study our surgical experience with 44 cases is presented. Our patients consist of 28 males and 16 females with mean age of 64 ± 7 years. In the vast majority ductal carcinoma existed with location predominantly in the head (88 per cent). The first main manifestation for head carcinoma was obstructive jaundice in all but 3 cases of vomiting. The performed operations were pylorus preserving proximal pancreaticoduodenectomy in 3 cases, distal pancreatectomy plus splenectomy in 3 cases, diagnostic laparotomy in 6 cases, and palliative procedure in 32 cases. The double diversion included gastrojejunostomy and choledochoduodenostomy in 22 cases, cholecystojejunostomy with Brown in 8 cases, choledochojejunostomy Roux-en-Y in 2 cases. There were 6 post-operative deaths, whereas the mean survival was less than 11 months in resections, and 5 months in diversions. In conclusion, pancreatectomy gives the only hope of cure, whereas bilioenteric anastomosis with gastrojejunostomy offers only short-term palliation.

Key Words: management, surgical, pancreatic tumours, pancreatectomy.

Introduction

Pancreatic cancer constitutes the sixth commonest malignancy with increasing frequency in the Western countries, predominant form the ductal carcinoma, dismal prognosis, and low resectability rate. despite the excessive diagnostic means, it is usually inoperable, and only in 20 per cent of patients with location in the head a radical management by resection could be performed in specific centres (1, 2, 3, 4). The above imposes the task on the sur-

geon to choose the best palliative procedure.

The 5- year survival rate after pancreaticoduodenectomy for carcinoma of the head fluctuates between 12 and 20 per cent (5, 6). However, the carcinoma of the body and tail is keeping steady a much worse prognosis over the past 20 years (4). The improvements in imaging in combination to adjuvant chemotherapy and radiotherapy may lead to better outcome (7).

In this study we present our surgical experience with management of pancreatic tumours in order to emphasize in survival, outcome of palliation, and quality of life.

