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Pancreaticoduodenectomy For The Patients Who Underwent All Types Of Gastrectomy: Single Center Experience

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Background : The incidence of patients requiring pancreaticoduodenectomy (PD) for periampullary cancer following any type of gastrectomy is increasing as the population of elderly patients is increasing especially in endemic area of gastric cancer such as Korea. In such cases, surgeons have to overcome the hurdles during the procedure of resection due to adhesion and have to select proper types of reconstruction. All types of gastrectomy can be categorized as subtotal gastrectomy with BI, BII and total gastrectomy with Roux-en-Y anastomosis. For the BI patient, the resection and reconstruction are not different from conventional PD. However, for the BII patient or total gastrectomy with Roux-en-Y loop, reconstruction can be varied according to the status of remained Jejunum distal to Treitz ligament. In this paper, we reviewed our experiences of pancreaticoduodenectomy for the patients who previously underwent all types of gastrectomy.

Methods : We reviewed the medical records of the patients who underwent PD following any type of gastrectomy among the 501 consecutive patients who underwent PD in single institution between 2001 and 2020 retrospectively.

Results : There were 13 patients had underwent gastrectomy including 7 patients of BI, 2 patients of BII, and 4 patients of Total gastrectomy with Roux-en-Y. For the all 7 patients of BI, the surgery were not different from conventional PD. For the 2 patients of BII, the resection was performed dividing the afferent jejunum near the left corner of gastrojejunostomy and reconstruction was performed in Roux-en-Y method. For the 4 patients with total gastrectomy with Roux-en-Y reconstruction, two different types of reconstruction was performed. For two patients, we removed the remained jejunum distal to Treitz ligament with the specimen and reconstruction was performed in Roux-en-Y method. For the others, the remained jejunum distal to Tretiz ligament was preserved during the resection and it was utilized for the pancreaticojejunostomy and hepaticojejunostomy because the length of jejunum long enough to avoid tension. Surgeries for all the patients were uneventful and no patients suffered from complications such as delayed gastric emptying and POPF.

Conclusions : Pancreaticoduodenectomy following any types of gastrectomy can be safe. Especially, if the length of remained jejunum distal to Treiz ligament is long enough, its utilization for the reconstructon can be a proper option.

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