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Two-in-one Pancreaticojejunostomy For Bifid Pancreatic Duct Following Laparoscopic Pylorus Preserving Pancreaticoduodenectomy

Min-Su PARK*1

¹Surgery, Kyunghee University, REPUBLIC OF KOREA

Background: Bifid pancreatic duct represents a relatively rare anatomical variation of the pancreatic ductal system, in which the main pancreatic duct is bifurcated along its length. When pancreaticoduodenectomy is indicated, the presence of a bifid pancreatic duct poses a surgical challenge because if not managed properly, it accounts for serious postoperative complications, such as obstructive pancreatitis or pancreatic leakage.

Methods: We present a case of pancreaticoduodenectomy for the bifid pancreas and a technique named the 'two-in-one' method for double pancreatic duct to jejunum anastomosis.

Results: A 78-year-old male patient was referred to our surgical department with pancreas IPMN associated with high risk stigmata and worrisome features. Following pancreatic neck resection, subsequent operative exploration of the cut surface of the residual dorsal pancreas identified the main duct in addition to a secondary pancreatic duct orifice (approximately 10 mm and 3 mm in diameter respectively.). Using the two-in-one method, we anastomosed one jejunal hole to a double pancreatic duct. Postoperative outcome was favorable without any complications.

Conclusions: Although bifid pancreatic duct is relatively rare, pancreatic surgeons should be aware of this anatomical variation and be familiar with the surgical techniques for its successful management. Lack of knowledge and surgical expertise for dealing with this anatomical variant may lead to serious, life threatening postoperative complications following pancreatic resections.

Corresponding Author: Min-Su PARK (ikireida@gmail.com)