



Modified Appleby Procedure, Distal Splenopancreatectomy with Celiac Axis Resection

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ABSTRACT

Background. Modified Appleby procedure could be indicated in stage III locally advanced body pancreatic ductal adenocarcinoma (PDAC) involving the celiac axis after neoadjuvant treatment.

Patients and Methods. We report the case of a 38-year-old woman presenting a tumor arising from the body of the pancreas, involving the celiac trunk with the common hepatic artery and having contact with the anterior surface of the superior mesenteric artery. A fine-needle aspirate biopsy confirmed the diagnosis of PADC. Eight cycles of FOLFIRINOX followed by chemoradiotherapy (50.4 Gy) were conducted. After 6 months, the CA19-9 levels were normalized, and the tumor remained stable without local growth or distant metastasis. To reduce the risk of ischemia-related complications and develop the pancreaticoduodenal arcades, a preoperative embolization of the common hepatic artery was performed. Then, surgical resection was considered 4 weeks after embolization.

Results. The patient underwent a modified Appleby procedure including distal splenopancreatectomy with en bloc celiac axis resection combined with lateral portal vein

resection. Venous reconstruction was carried out using peritoneal patch.¹ Pathologic evaluation revealed a 2.5-cm PDAC with negative resection margins. Postoperative course was marked by acute ischemic cholecystitis requiring reoperation at postoperative day 3. The treatment was completed with four cycles of FOLFIRINOX, and she was free of disease 6 months after surgery.

Conclusions. Nowadays, modified Appleby procedure is more frequently performed due to improvements in responses to chemotherapy and radiotherapy which have led to better local control and more aggressive approaches in highly selected patients.

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