

Step-By-Step Diagnostics and Surgery for Solid Pseudopapillary Neoplasm of the Pancreas

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Introduction: Solid pseudopapillary neoplasm (SPN) - rare pancreatic tumor which arises from exocrine type cells and has a specific progesterone receptors. It was described by American pathologist Virginia Kneeland Franz in 1959. There are only 3725 cases described in the world literature.

Aim: To improve results of treatment patients with SPNs of the pancreas.

Material and Methods: Retrospective study of treatment results 37 patients with pancreatic SPNs was performed. All of them were operated in №1 abdominal department A.V. Vishnevsky Institute of surgery, Moscow, Russia for period 2007 – 2017. Females were 34 (92%), there were only three males. Average age was 34 (25;42) years. In 17 (46%) cases there were pancreatic head tumor, 8 (22%) patients had an SPN in the body and 12 (32%) in the tail of the pancreas. Mean tumor diameter composed 42 (26;73) mm.

Data presented as median (Me) with interquartile range (IQR) 25% and 75%.

Results: Pancreaticoduodenectomy was performed in 14 (38%) cases, distal pancreatectomy in 16 (43%), in 7(20%) cases organ – preserving surgeries were performed. There were 10 (27%) postoperative pancreatic fistulas, type A (ISGPS) – 3, type B – 7 cases. Postpancreatectomy hemorrhage type C were occurred in three cases, all of them were stopped by endovascular procedure. Mortality rate is 1 (2.7%) in case of female with severe postoperative pancreatitis with respiratory distress – syndrome.

Conclusion: Surgical procedure is a primary in treatment of SPN of the pancreas, even in metastatic cases. SPNs can be operated using minimal invasive technologies and with organ – preservation. Immunohistochemical specimen examination is a main in final diagnosis of these tumors. Researchers in all over the world have to work together to improve results of treatment of SPNs.