The mean operative time was 210 minutes. All patients had Roux en Y distal pancreatojejunostomy except one patient, who had a complete atrophy of the pancreatic body and tail.




*[Central pancreatectomy]*
*Mean BMI was 27 kg/m$^2$.*

Three patients developed a grade A and one developed a grade B pancreatic fistula (ISGPF) who required percutaneous drainage. No conversions to an open approach were necessary. Patients with minor or no complications spent between 6 and 8 days in hospital.

Pathologic analyses revealed: two solid-pseudopapillary tumor, a cystic mucinous neoplasia, a non-functioning neuroendocrine tumor and one insulinoma. Mean tumor diameter was 1.2 cm and all patients had negative margins. After a mean follow up of 19 months, no patient developed exocrine or endocrine insufficiency nor recurrence.

**Conclusions:** Laparoscopic central pancreatectomy is a feasible procedure for patients with benign or borderline malignant pancreatic neck tumors. Pancreatic function can be successfully preserved but patient selection is of paramount importance as higher rate of complications may be expected when compared to distal resections.

## EP02E-035
## A COMBINATION OF APPLEBY OPERATION WITH RADICAL ANTEGRAD MODULAR PANCREATOSPLENECTOMY WITH AORTA-HEPATIC ARTERY BYPASS FOR CARCINOMA OF THE PANCREAS BODY

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**Introduction:** En-bloc resection of celiac trunk with arterial reconstruction for pancreatic body tumors is a risky procedure. Radical Antegrad modular pancreatosplenectomy (RAMPS) procedure aims to obtain tumor free tangential margins. Here we present a case of adenocarcinoma of pancreatic body treated with a combination of Appleby and RAMPS procedures.

**Case:** Forty two year old woman without any comorbidity was referred for a pancreatic body mass invading hepatic artery, splenic artery with vein and celiac artery (CA). Resection with vascular reconstruction was planned. After hepatoduodenal ligament dissection, gastroduodenal artery caliber and flow was considered insufficient for liver perfusion. After confirmation of superior mesenteric and portal vein are free of tumor, pancreas was cut with frozen confirmed negative margins followed by celiac artery resection and reconstruction with cadaveric preserved iliac artery interposition graft. Intraoperative Doppler ultrasonography confirmed patent intrahepatic arteries and patent conduit. The specimen containing subtotal pancreas spleen, left surrenal gland and whole stomach was removed en-blok. Roux-Y esophago-jejunostomy was performed. The patient was discharged after 9 days without any complication. Pathological examination reported negative margins of a T4 tumor with 11 lymph nodes involved out of 53.

**Conclusion:** A combination of radical resection of pancreatic body and celiac trunk with with vascular reconstruction may be performed safely in selected cases.

## EP02E-036
## A MODIFIED TECHNIQUE OF PANCREATICOJEJUNOSTOMY DURING PANCREATICODUODENECTOMY: IMPRESSIVE EARLY RESULTS

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**Introduction:** Resection of pancreas, in particular Pancreaticoduodenectomy (PD), is a complex procedure, with the morbidity rate remains high in the range of 30%–65%. Most of these complications are related to pancreatic fistula (PF). The aim is to evaluate the feasibility of newly suggested technique for pancreaticojejunostomy (PJ) to prevent PF.

**Methods:** From January 2014 to June 2015, 15 cases underwent pyloric preserving PD for periampulary carcinoma with pancreaticoenteric anastomosis done by using PJ using a modified technique including: *end-to-end suturing of intestinal jejunal loop to pancreatic serosa in single interrupted layer, which then covered by reinforcing anterior second layer using "lesser omental pedicled patch" fixed over the first layer by interrupted sutures (pancreatic duct was stented in all cases).* This group of patient was considered as (group 1) and it was compared to another group of 15 cases, previously operated using the traditional PJ technique, named (group 2) as regard applicability and efficacy of the modified technique in controlling PF.

**Results:** The new technique was easily applicable for all cases, tension free, and safe. With using the new technique no cases (0%) were complicated by pancreatic fistula in comparison to 3 cases (20%) had pancreatic fistula in group 2.

**Conclusion:** The modified technique of PJ using a second layer of "lesser omental pedicled patch" is easy and significantly decreases the pancreatic leakage and it is recommended to be used for PJ. Randomized large series will be needed to confirm the validity of these initial impressive results.