Delayed pancreatoduodenectomy post SEMS

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A 58-year-old man first presented with obstructive jaundice in September 2005. A SEMS (Self Expanding Metal Stent) was placed in December 2005. Endoscopic biopsy of periampullary area was thrice negative. An acute episode of cholangitis in June 2006 was treated conservatively. He developed obstructive jaundice with cholangitis in September 2006.

CT Scan revealed a dilated CBD and a soft tissue mass 2.5×1.5 cm in the anterior wall of distal CBD, separate from the indwelling stent. There was no extraluminal extension of the mass (Fig. 1).

He underwent a Whipple's Pancreatoduodenectomy. A soft to firm tumour was felt at the lower end of the dilated CBD. The stent could also be palpated at the lower end of CBD. CBD was divided just above the stent. There was about 400–500 ml of frank pus inside the CBD. The stent could be seen popping out of the cut end of CBD. Postoperative period was uneventful.

Grossing revealed a grayish white friable tumour at the lower end of CBD with a wire metal stent embedded in the specimen (Fig. 2). Microscopic examination revealed a

well differentiated Adenocarcinoma. Cut margins negative. Nodes negative.

Patients having an SEMS (Self Expanding Metallic Stents) in place for obstructive jaundice should not be denied a chance for curative resection of their hepatobiliary malignancies if other criteria permit the same. Patients already having an SEMS in place should be re-evaluated so that a re-assessment can be made for possible surgery. According to Christopher et al [1], about 13% of patients with previously placed SEMS do undergo an exploratory laparotomy for an attempted Whipple's Procedure out of which about 5% are eventually able to undergo a definitive resection.

Fig. 1 CT scan showing dilated CBD and a soft tissue mass

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Fig. 2 Specimen showing embedded wire metal stent

In a developing world like that us, availability of ERCP stenting in abundance and the less widespread availability

of massive surgical ablation on pancreas, of late, has led to a good number of resectable Whipple's Procedure being put to SEMS and later denied surgery, because they have an SEMS placed.

References

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