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## Total laparoscopic benign giant tail pancreatic tumor: Case report

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Pancreatic tumor resection is still a challenge in laparoscopic procedures. Several cases need to be assisted, or conversion to laparotomy. It is probably pancreas has a specific tissues structure and unique. But, the most frequent are because of the fault of planning and fault to put the trokkar itself. A 26 year old female had an intra-abdominal mass on left hypochondrium since four years ago. General condition was almost normal, and had no other complain. She could not have normal eating. CT abdominal study found a tumor 12x9x7 cm subcostal region, suspicious from the parenchymal of the tail of pancreas, capsulated, and isolated from the adjacent organs. Laboratory study showed almost normal with HB=11.2 mg/dl. Amylase and lipase of pancreas were normal, LFT normal and specific blood study result was normal. Laparoscopic procedures were performed with 11 mm umbilical port, 11 mm port LMC, 5 mm port two cm below xiphoid process, and 5 mm port 1 cm left from the left rectus sheath. Maneuver of the tumor isolated from adjacent organs can be easily identified, with the position of the trokkars. Evacuation of the tumor through the bikini incision was done on the request of patient itself. Postoperative study of the histopathology report was benign tumor, originated from the tail of pancreatic bodies. No mitotic and no proof of malignancy tumor was found. Patient was discharged on day two and no antibiotic was administered for ambuloire. Day seven after surgery was evaluated, no port-site and bikini incision inflammatory and infection was observed. Activity of daily living at day 8 was observed. Totally laparoscopic pancreatic resection can be performed by every surgeons and depend on the knowledge of topography anatomica and port placement accuracy.

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