

Peritoneal Patch Used for Vascular Reconstruction of the Superior Mesenteric Vein Invaded by Locally Advanced Pancreatic Tumour

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Abstract

Various options are available as sources of autologous veins for vascular reconstruction in cases of vascular injury or venous vascular invasion of solid tumours. However, in such cases, the time spent preparing the autologous vein grafts as well as the associated morbidities of the donor region influence the postoperative course. We present the first case of peritoneal patch utilisation in order to re-establish the vascular continuity after superior mesenteric vein (SMV) resection due to pancreatic tumour invasion, in a 57-year-old man. If prosthetic material is considered, an increased risk of infection, as well as its relative paucity in some centres both have to be taken into consideration. Especially in emergency conditions and perceived perioperative vascular invasion of solid tumours, parietal peritoneum can easily be prepared and used as an available option for autologous vein or prosthetic material. Autologous peritoneum grafts can be used especially in emergency conditions, in cases of venous invasion of solid organ tumours and in major vascular injuries when vascular reconstruction with primary suture is not possible. It can easily be prepared at the required size and shape, it is safe to use and cost effective.

Key words: peritoneal patch, pancreas tumour, superior mesenteric vein, autologous graft