

# **Intraductal Papillary Mucinous Neoplasm Recurrence 10 Years after Duodenopancreatectomy. Laparoscopic Resection (with video)**

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## **Abstract**

Pancreatic adenocarcinoma has a poor prognosis, even after R0 resections. Metachronous disease usually arises as distant or regional metastasis, but local recurrence is infrequent. 66 year-old male patient with a subclinical pancreatic remnant lesion suspected to be malignant 10 years after duodenopancreatectomy for invasive mucinous cystadenocarcinoma. After distant metastatic disease was ruled-out, laparoscopic distal pancreatectomy was performed. Pathology revealed a non-invasive intraductal papillary mucinous neoplasm (IPMN). The decision to resect metachronous disease after pancreatic cancer surgery remains under debate, based on the type of recurrence. Pancreatic remnant lesions can be true recurrences or new primary tumors. In this case, pathology suggests a slow growth recurrence or a second primary tumor. Patients with local recurrence alone and prolonged disease-free survival like this might benefit from surgical resection. This case highlights the importance of long-term follow-up of malignant pancreatic cystic tumors, as surgical treatment of local recurrences could be potentially curative. In the present case this was achieved successfully through a technically challenging minimally invasive approach.

**Key words:** pancreatic cancer, pancreatic remnant, local recurrence