

Resectability of Cancer Pancrease in Case of Venous Invasion, Survival Rate and Outcome

A Met-Analysis

*Submitted for Partial Fulfillment of Master Degree in
General Surgery*

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2018

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا انك لا تعلم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

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سورة البقرة الآية: ٣٢

Acknowledgment

*First and foremost, I feel always indebted to **ALLAH**, the Most Kind and Most Merciful.*

*I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Khaled Abdalla Elfiky**, Professor of General Surgery - Faculty of Medicine- Ain Shams University for his keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.*

*I am also delighted to express my deepest gratitude and thanks to **Dr. Amr Mohamed Mahmoud El Hefni**, Assistant Professor of General Surgery, Faculty of Medicine, Ain Shams University, for his kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.*

*I am deeply thankful to **Dr. Abdel Rahman Mohamed Elghandor**, Lecturer of General Surgery, Faculty of Medicine, Ain Shams University, for his great help, active participation and guidance.*

I would like to express my hearty thanks to all my family for their support till this work was completed.

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Osama Essam Eldin

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List of Abbreviations

<i>Abb.</i>	<i>Full term</i>
<i>AHPBA</i>	<i>Americas Hepato-Pancreato-Biliary Association</i>
<i>CA</i>	<i>Coeliac Axis</i>
<i>CBD</i>	<i>Common Bile Duct</i>
<i>CEA</i>	<i>Carcinoembryonic Antigen</i>
<i>CNB</i>	<i>Core Needle Biopsy</i>
<i>DP</i>	<i>Distal Pancreatectomy</i>
<i>ERCP</i>	<i>Endoscopic Retrograde Cholangio Pancreatography</i>
<i>EUS</i>	<i>Endoscopic Ultrasonography</i>
<i>FDG</i>	<i>18F-Fluorodeoxyglucose</i>
<i>FNA</i>	<i>Fine Needle Aspiration</i>
<i>gb</i>	<i>Gallbladder</i>
<i>IJ</i>	<i>Internal Jugular Vein</i>
<i>IMV</i>	<i>Inferior Mesenteric Vein</i>
<i>IPMN</i>	<i>Intraductal Pancreatic Mucinous Neoplasms</i>
<i>LRV</i>	<i>Left Renal Vein</i>
<i>M</i>	<i>Metastatic Disease</i>
<i>MDCT</i>	<i>Multislice Dissecting Computer Tomography</i>
<i>MRCP</i>	<i>Magnetic Resonance Cholangiopancreatography</i>
<i>MRI</i>	<i>Magnetic Resonance Imaging</i>
<i>N</i>	<i>Lymph Nodes</i>
<i>NCCN</i>	<i>National Comprehensive Cancer Network</i>
<i>PD</i>	<i>Pancreaticoduodenectomy</i>
<i>PDAC</i>	<i>Pancreatic Ductal Adenocarcinoma</i>
<i>PET</i>	<i>Positron Emission Tomography</i>
<i>PV</i>	<i>Portal Vein</i>
<i>R0</i>	<i>Radical Resection</i>

List of Abbreviations (cont...)

Abb.	Full term
<i>SMA</i>	<i>Superior Mesenteric Artery</i>
<i>SMV</i>	<i>Superior Mesentric Vein</i>
<i>SPSS</i>	<i>Statistical Analysis of Social Science</i>
<i>SSAT</i>	<i>Society for Surgery of the Alimentary Tract</i>
<i>SSO</i>	<i>Society of Surgical Oncology</i>
<i>T</i>	<i>Tumor</i>
<i>TP</i>	<i>Total Pancreatectomy</i>
<i>TUS</i>	<i>Transabdominal Ultrasound US</i>

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ABSTRACT

Mesenteric venous resection with reconstruction has been an accepted practice for pancreatic cancer with involvement of the SMV or PV when studies demonstrated equivalent survival of patients undergoing margin-negative venous resection compared to patients undergoing standard pancreaticoduodenectomy, as well as superiority of resection compared to nonsurgical treatment.

More recent studies demonstrated that vein resection was not associated with worse overall survival at 1, 3, or 5 years. Other recent studies have also demonstrated patients with PV/SMV resection had equivalent survival outcome.

Some studies have reported increased morbidity associated with venous reconstruction, providing caution to those considering this technique. Therefore venous resection, when R0 resection can be reasonably expected, has been accepted as the standard of care for indicated patients.

Keywords: Positron Emission Tomography - Pancreatic Ductal Adenocarcinoma - Magnetic Resonance Imaging

