

Pancreaticoduodenectomy for periampullary tumors at Dr. Cipto Mangunkusumo Hospital, Jakarta

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Abstrak

Kami melaporkan hasil 31 pankreatikoduodenektomi dari 141 tumor periampulla pada periode 1994-2002. Di antara kasus, terdapat 16 perempuan; rentang usia 17-68 tahun. Ikterus adalah keluhan tersering, 14 penderita dengan kadar albumin di bawah 3,5 g/dl dan 10 penderita dengan kadar bilirubin lebih dari 10 mg/dl. Telah dilakukan 17 Whipple klasik, 11 pankreatikoduodenektomi dengan preservasi pilorus dan 3 total pankreatektomi+duodenektomi. Rerata lama operasi 436 menit (290-570). Penderita dikelompokkan dalam 2 periode, antara 1994-1999 dan sesudahnya. Dengan meningkatnya pengalaman, perdarahan intra operatif menurun dari rerata 2000 ml ke 400 ml. Gambaran histopatologi menunjukkan 11 adeno karsinoma kaput pankreas, 11 adeno karsinoma ampulla Vater, 4 adeno karsinoma duodenum, 2 kista jinak kaput pankreas dan 3 tumor jinak. Mortalitas operatif terjadi pada 4 penderita dari 12 penderita periode pertama, dan hanya 1 pada 19 penderita sisanya. Komplikasi tersering adalah kebocoran anastomosis ke pankreas yang terjadi pada 14 penderita, dan 4 dari kebocoran tersebut menyebabkan mortalitas operatif. Rentang rawat antara 12 - 47 hari pasca bedah. Sampai akhir laporan ini, 7 penderita hidup tanpa penyakit, dan 4 penderita putus kontak. Rekurensi terjadi pada 13 penderita dari 22 penderita yang terjadi antara 4-24 bulan sesudah operasi, dan 12 penderita meninggal 2-3 minggu kemudian. Tiga penderita meninggal karena sebab yang lain. Kesimpulan: pankreatikoduodenektomi adalah tehnik yang efektif, dan mortalitas operatif dapat diturunkan, khususnya morbiditas kebocoran pankreas yang dapat ditangani. (Med J Indones 2004; 13: 166-70).

We reported our experience on 31 pancreaticoduodenectomy out of 141 periampullary tumors during 1994 until 2002; 16 of them were female, and age average 17-68 years. Jaundice was the most common presenting sign; 14 patients showed plasma albumin lower than 3.5 g/dl, and 10 patients had bilirubin level more than 10 mg/dl. We performed classical Whipple technique in 17, pyloric preserving pancreaticoduodenectomy in 11, and total pancreaticoduodenectomy in 3 patients. The mean of operative time was 436 minutes (290-570 minutes). The patients were grouped into 2 periods, between 1994-1999 and thereafter. With experience, the amount of blood loss has decreased from 2000 ml to 400 ml.

Histopathologic results showed adenocarcinoma of the pancreas head in 11, adenocarcinoma of the ampulla of Vater in 11, carcinoma of duodenum in 4, head of pancreas benign cyst in 2, and benign tumor in 3 patients. The surgical mortality was 4 in the first 12 patients, in contrast to only 1 in the last 19 patients. The most serious complication was pancreatic leakage in 14 patients, in 4 of them it was responsible as the cause of death. The length of stay after operation varied between 12 and 47 days. Until the end of this report 7 patients are still alive, and 4 patients lost of contact. Recurrence was detected in 13 out of 22 survivors, occurring between 4 to 24 months after operation and 12 patients died 2-3 months later. Three patients died due to other causes. We conclude that pancreaticoduodenectomy is an effective technique, and the operative mortality is decreasing. Furthermore, morbidity especially from pancreatic leakages can be treated in our hospital. (Med J Indones 2004; 13: 166-70).