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XIII Congresso Norte-Nordeste de Gastroenterologia
XXXIII Congresso da Regional Norte-Nordeste de Coloproctologia
I Congresso Norte-Nordeste do Colégio Brasileiro de Cirurgia Digestiva
VI GastroParaíba

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NEOPLASIAS DO PÂNCREAS: Limites da ressecabilidade

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- Ressecção vascular (venosa)
- Ressecção vascular (arterial)
- Laparoscopia
- Metástase hepática

Table 1
Definitions of locally advanced pancreatic cancer

Vessel Involved	MDACC	AHPBA/SSO/SSAT	NCCN/ISGPS
SMA	Encasement	Encasement	Contact >180° or contact with first jejunal SMA branch
CHA	Encasement—unable to reconstruct	Encasement with extension to CA	Contact with extension to CA or bifurcation
Celiac axis	Encasement	Abutment or encasement	Contact >180°
SMV-PV confluence	Occluded—unable to reconstruct	Occluded—unable to reconstruct	Unable to reconstruct

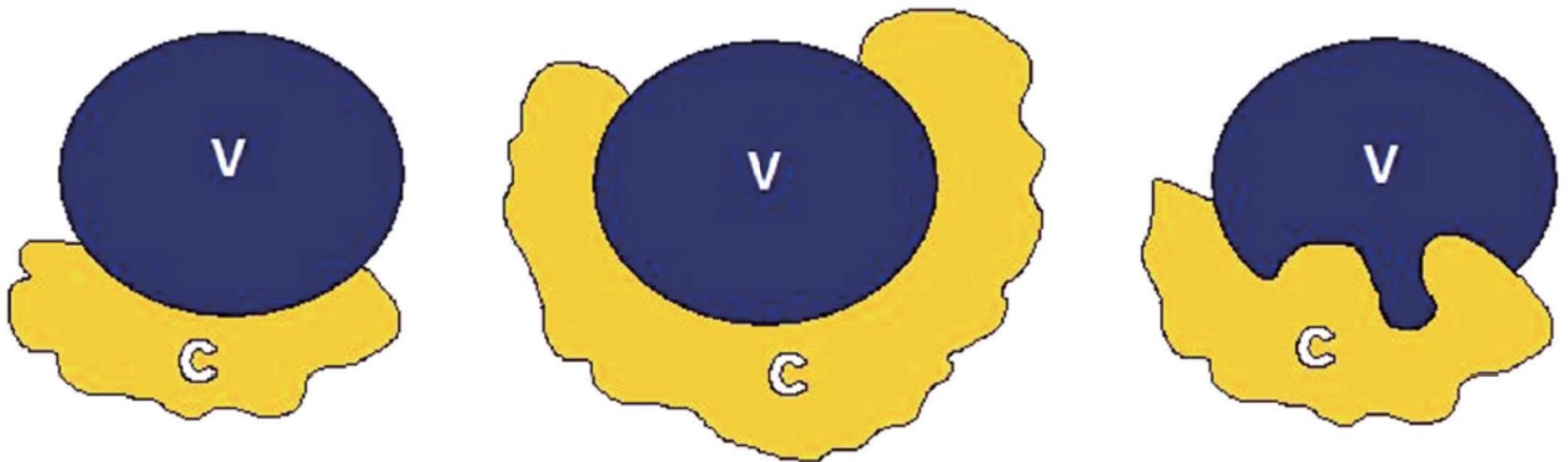
Table 2
Definitions of borderline resectable pancreatic cancer

Vessel Involved	MDACC	AHPBA/SSO/ SSAT	NCCN/ISGPS	Moffitt
SMA	Abutment	Abutment	Abutment	Abutment
CHA	Abutment or short segment encasement	Abutment or short segment encasement	Abutment without extension to celiac or HA bifurcation	Abutment or short segment encasement
Celiac axis	Abutment	No abutment or encasement	No contact	Not specified
SMV-PV confluence	Short-segment occlusion amenable to reconstruction	Abutment, encasement, or occlusion amenable to reconstruction	Abutment or encasement amenable to reconstruction	Abutment or encasement amenable to resection

DEFINIÇÃO MD ANDERSON

Table 54.1. M.D. Anderson definitions for the preoperative staging of localized pancreatic cancer. *SMA* Superior mesenteric artery, *SMV/PV* superior mesenteric vein/portal vein

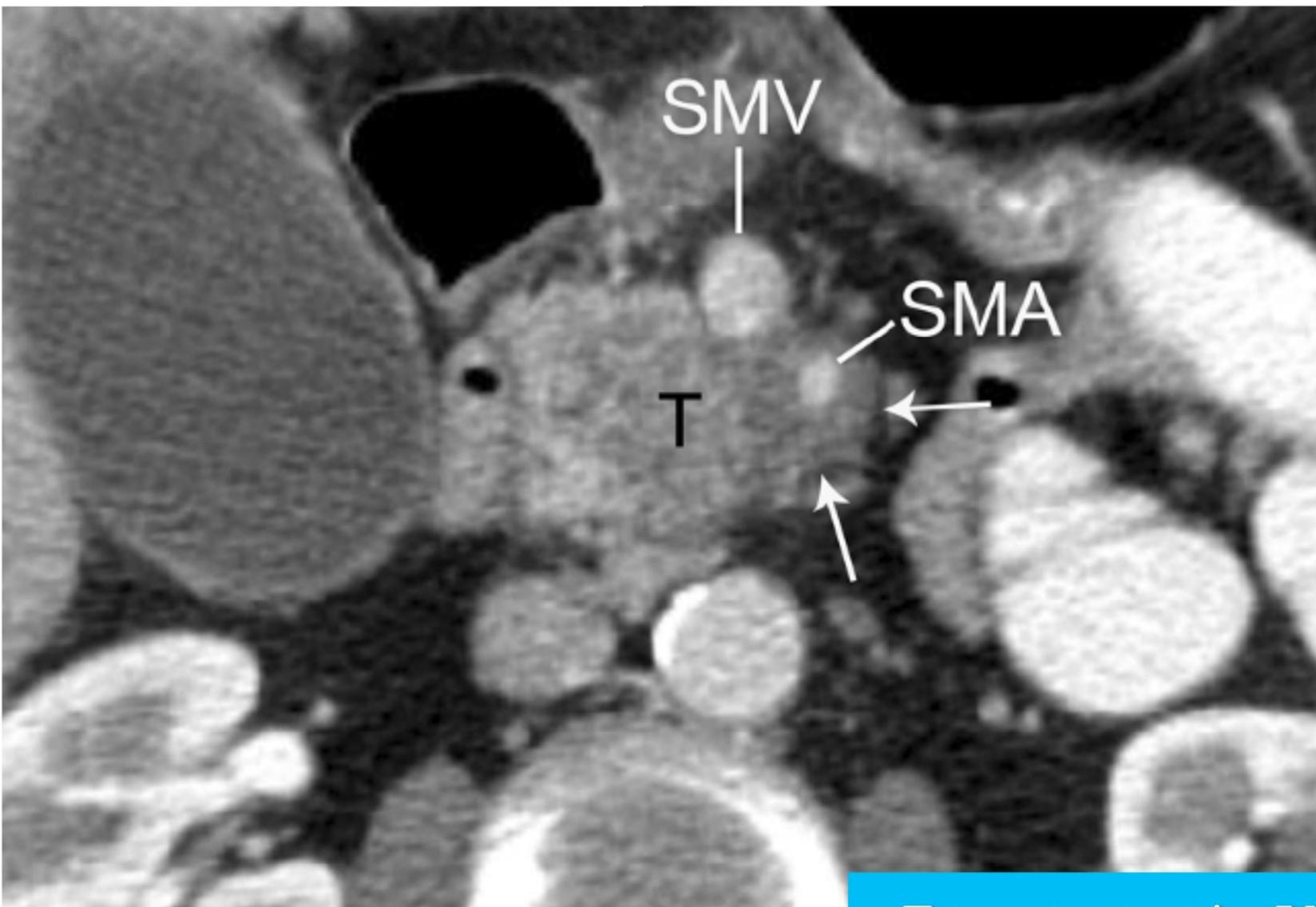
Vessel	Resectable	Borderline resectable	Locally advanced
SMA	Normal tissue plane between tumor and vessel	Tumor abutment $\leq 180^\circ$ or $\leq 50\%$ of the circumference of the artery	Tumor encasement ($> 180^\circ$)
Celiac axis/ common hepatic artery	Normal tissue plane between tumor and vessel	Short-segment encasement or abutment of the common hepatic artery (typically at the gastroduodenal origin)	Tumor encasement ($> 180^\circ$) of the celiac axis
SMV/PV	Patent SMV/PV confluence	Short-segment occlusion with suitable vessel above and below to allow for resection and reconstruction	Occlusion with no technical option for reconstruction



RESSECÁVEL

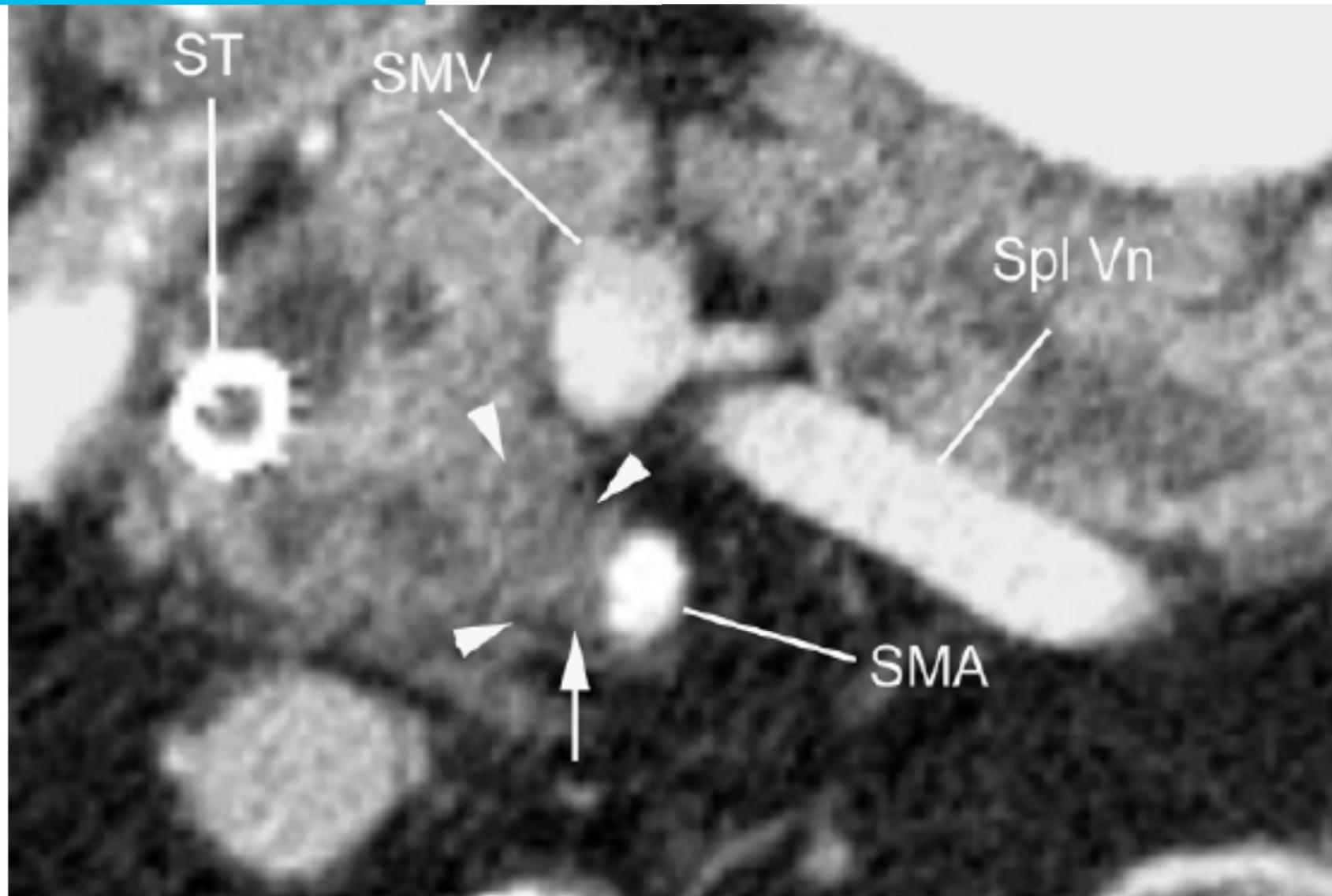


LOCALMENTE AVANÇADO



Encasement AMS

BORDERLINE



Abutment AMS

Neoadjuvância

- ❑ Tratamento precoce da micrometástase
Responsável por recidiva
 - > probabilidade de completar o tratamento
20-45% não completam (Adjuvância)
 - Complicações PO
 - Deterioração do PS
 - Comorbidades
 - Recorrência precoce
- ❑ Induz regressão tumoral
 - Reduz o risco de ressecção R1

Neoadjuvância

- ❑ Melhor tolerância do paciente à QT
- ❑ Menor risco de implante na cirurgia
- ❑ Chance de avaliação da sensibilidade
- ❑ Melhor seleção do paciente:

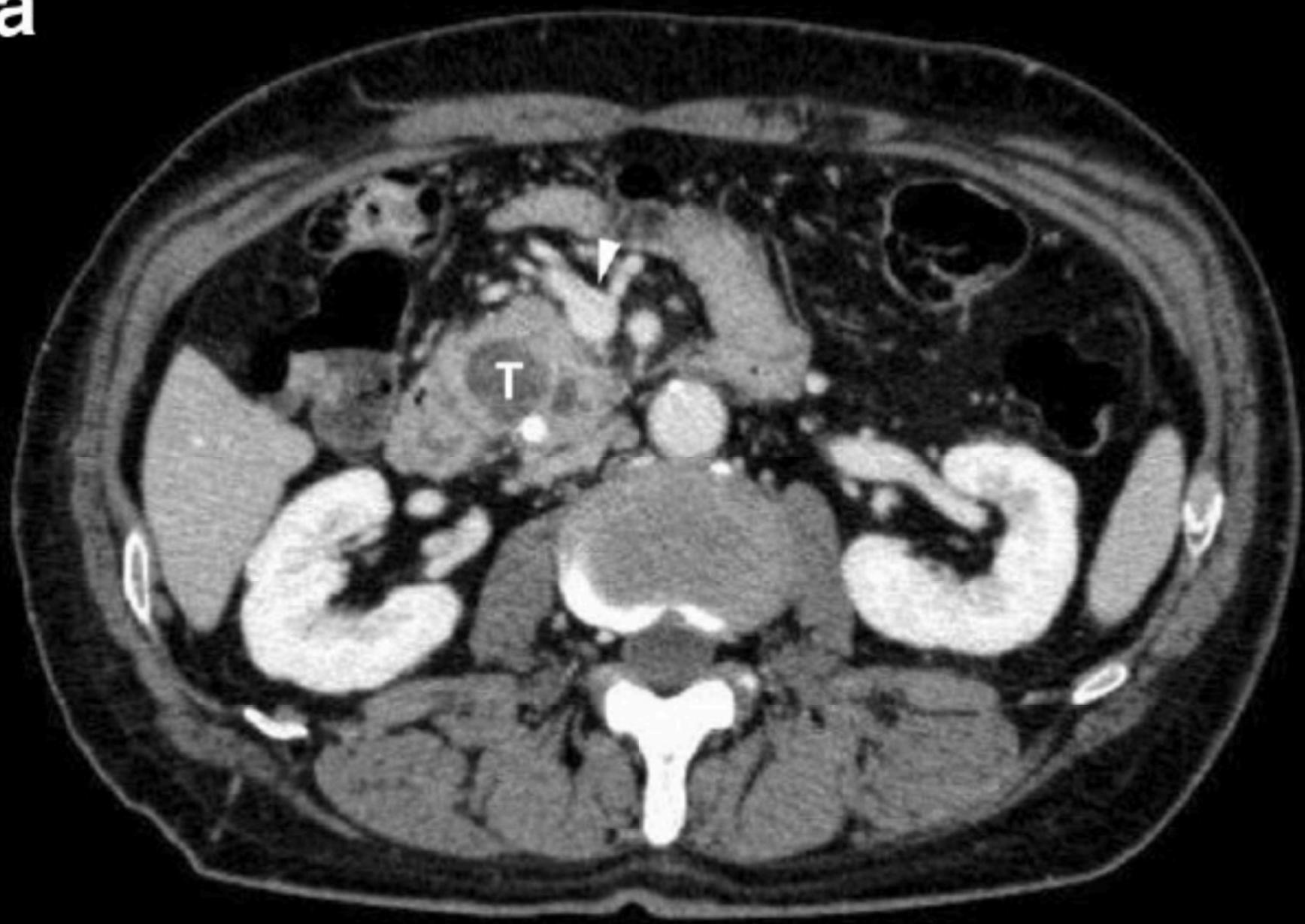
Identifica progressão rápida

Caracteriza doença disseminada

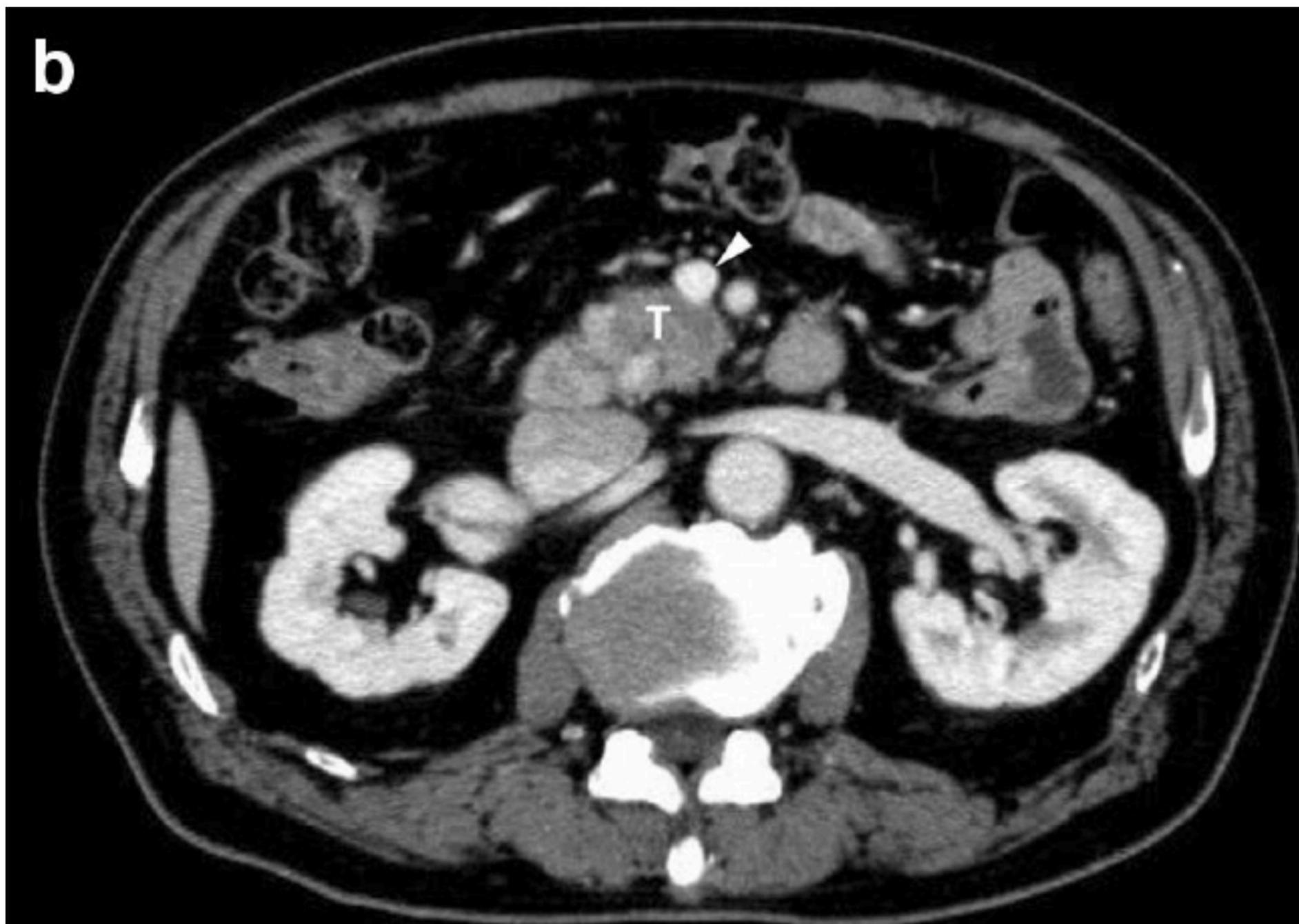
Estabelece pior prognóstico

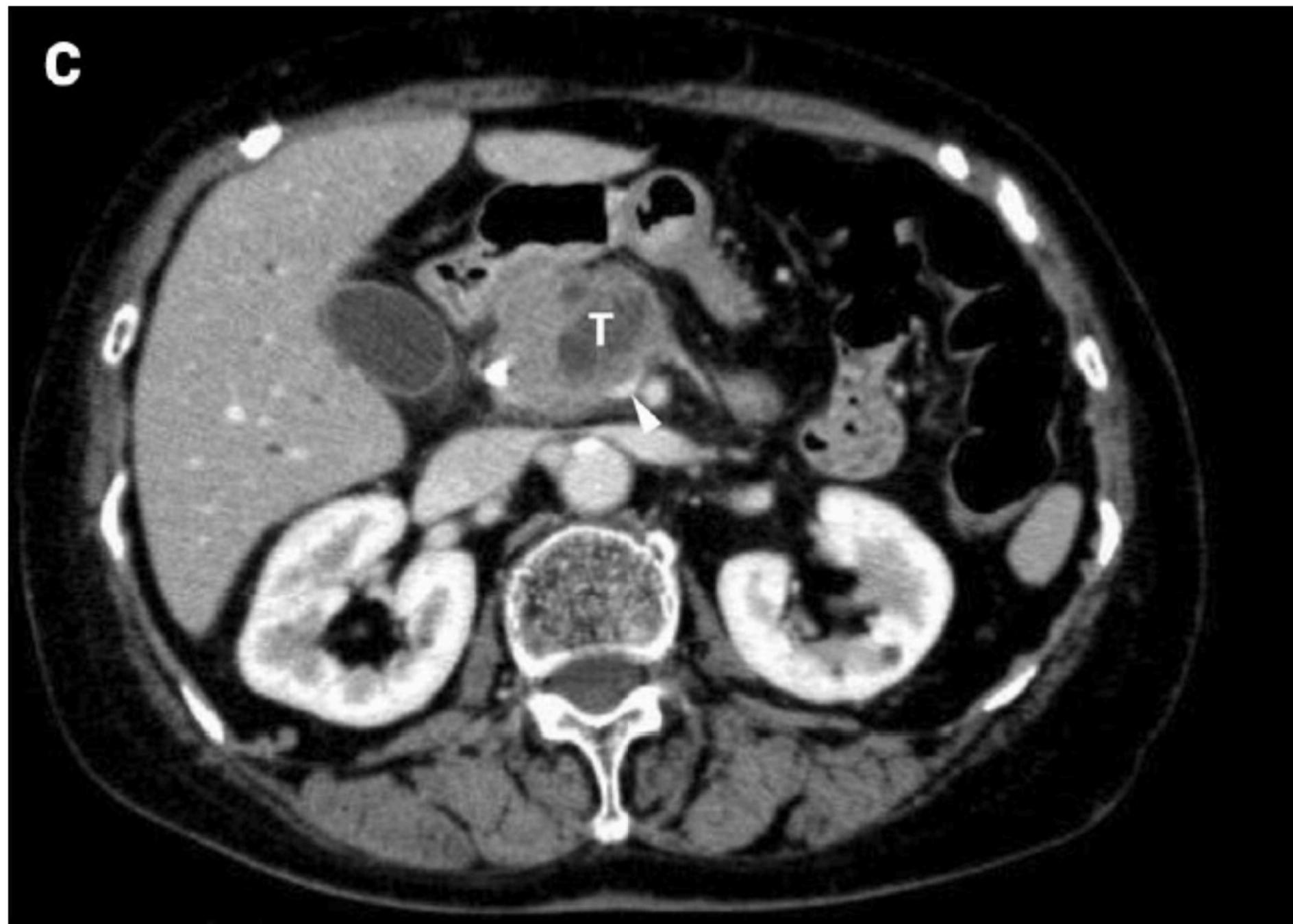
Improvável benefício cirúrgico

a



b





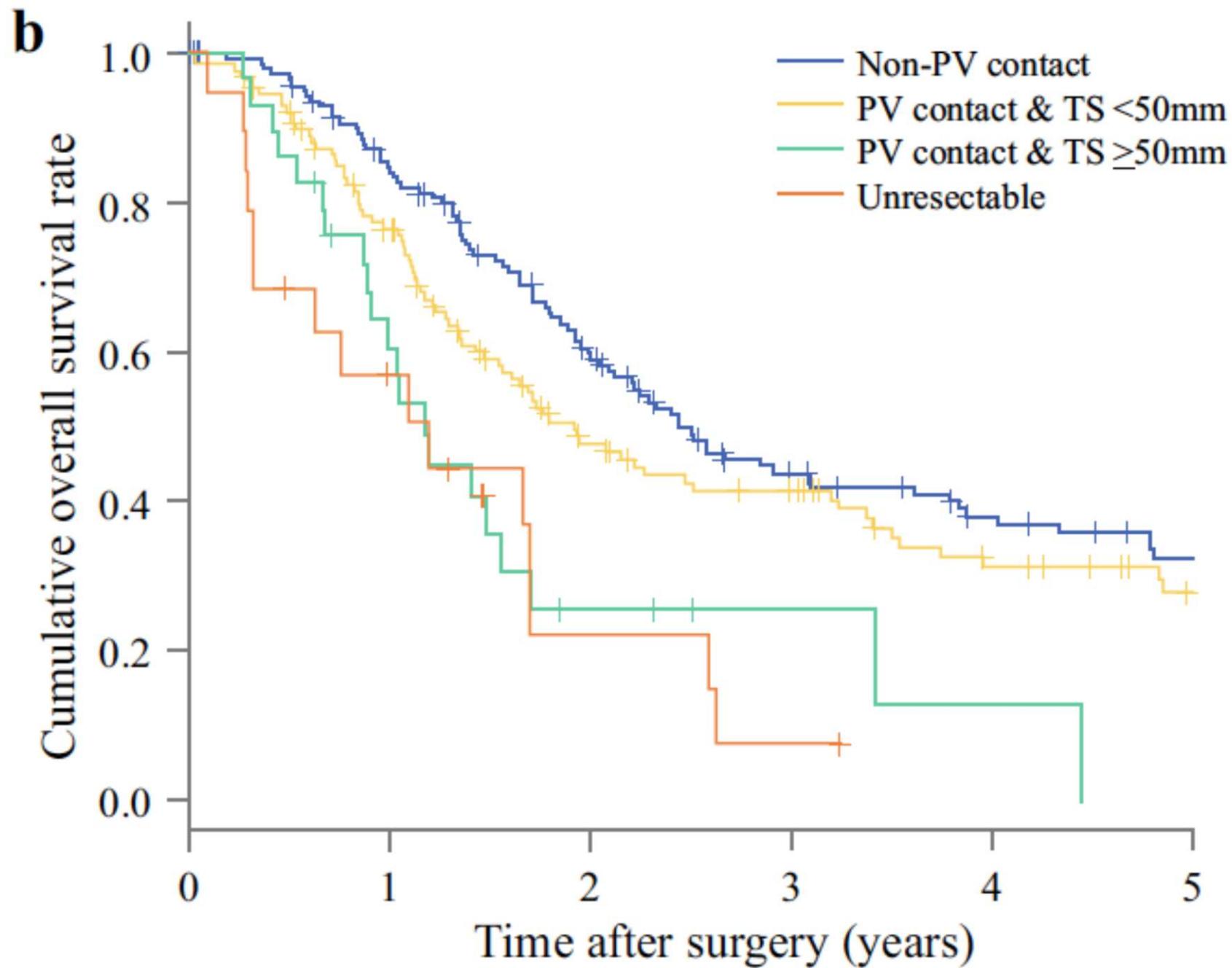


ORIGINAL ARTICLE – PANCREATIC TUMORS

Is Pancreatic Head Cancer with Portal Venous Involvement Really Borderline Resectable? Appraisal of an Upfront Surgery Series

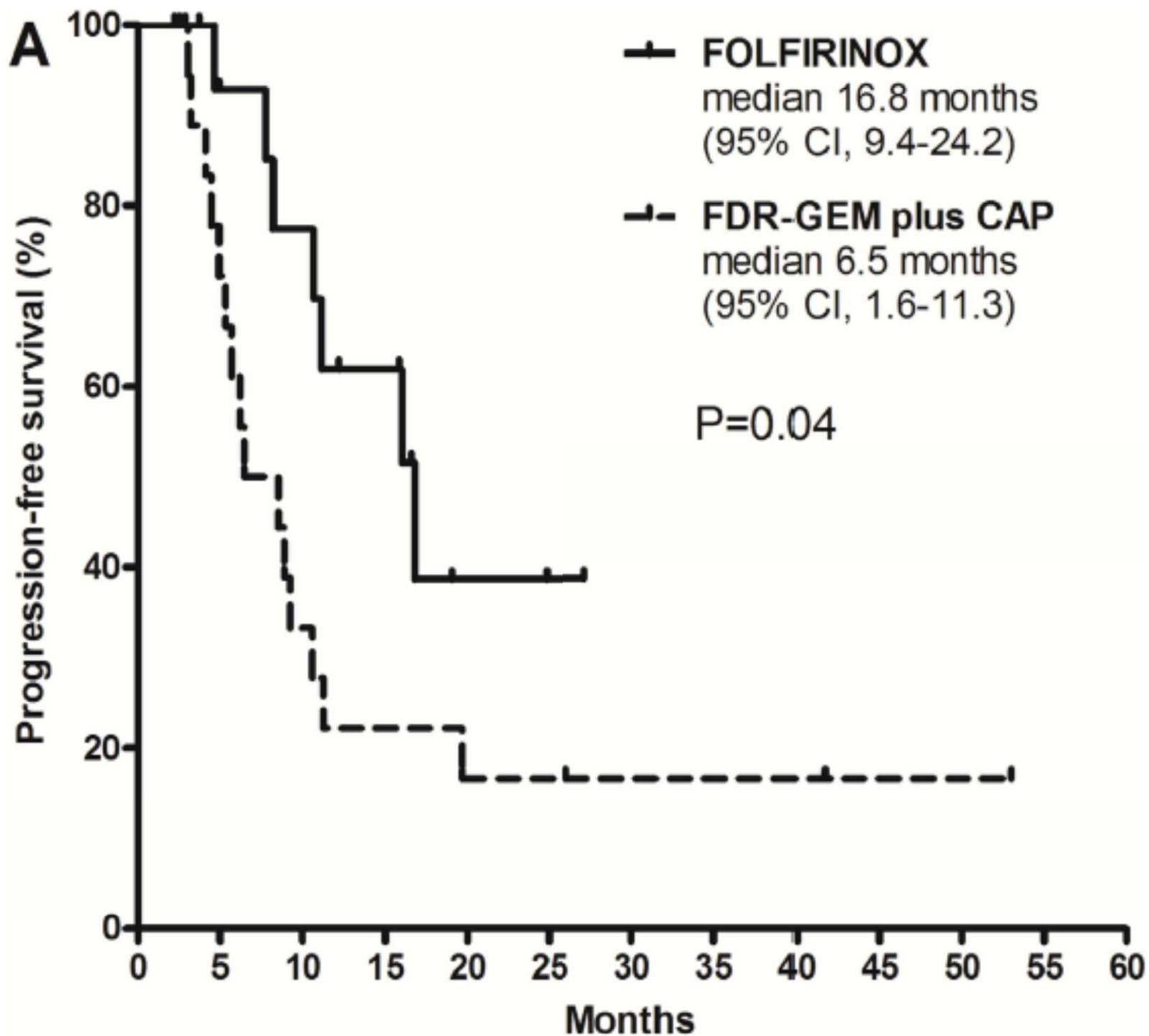
Katsuhisa Ohgi, MD¹, Yusuke Yamamoto, MD¹, Teiichi Sugiura, MD¹, Yukiyasu Okamura, MD¹, Takaaki Ito, MD¹, Ryo Ashida, MD¹, Takeshi Aramaki, MD², and Katsuhiko Uesaka, MD¹

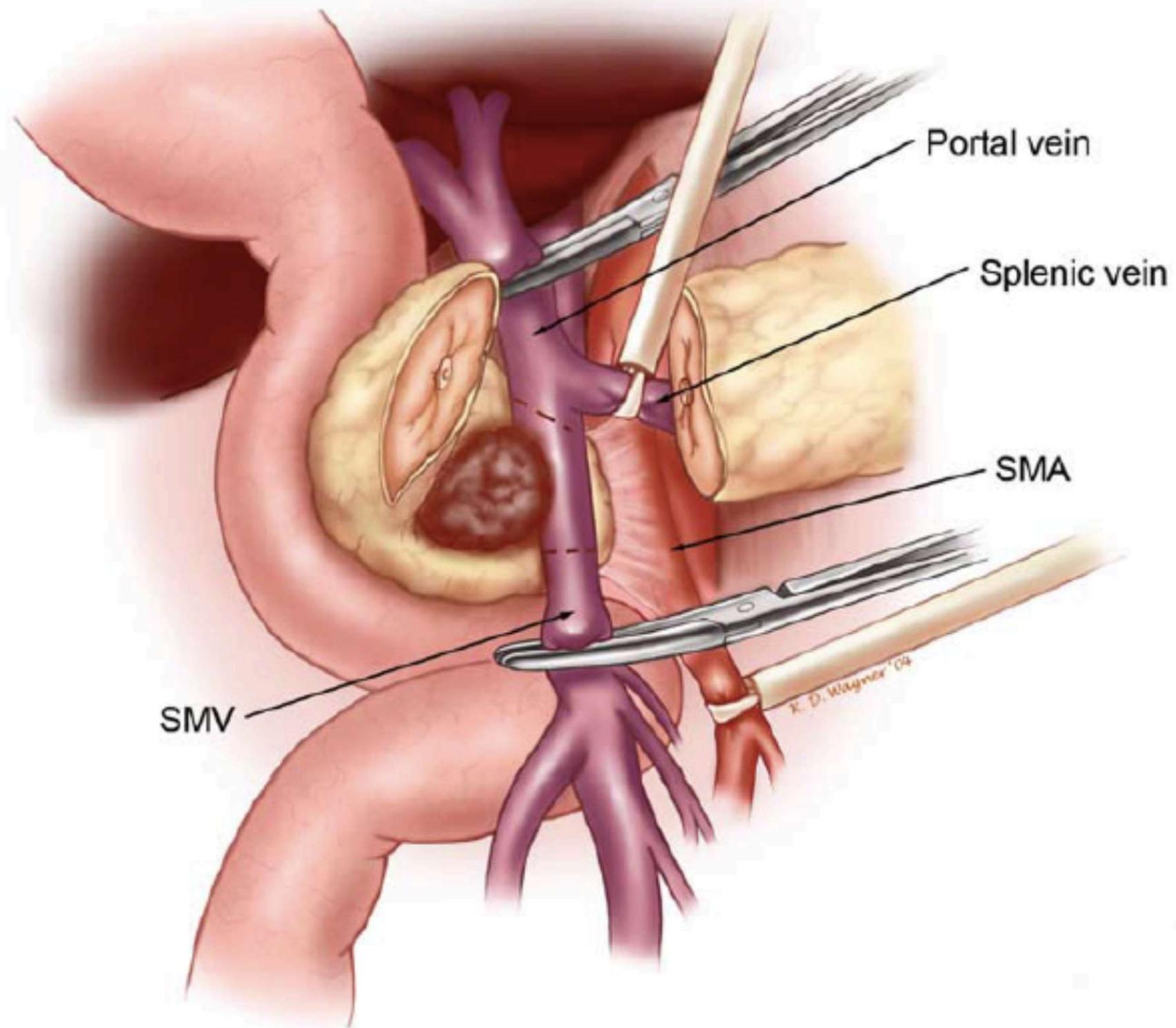
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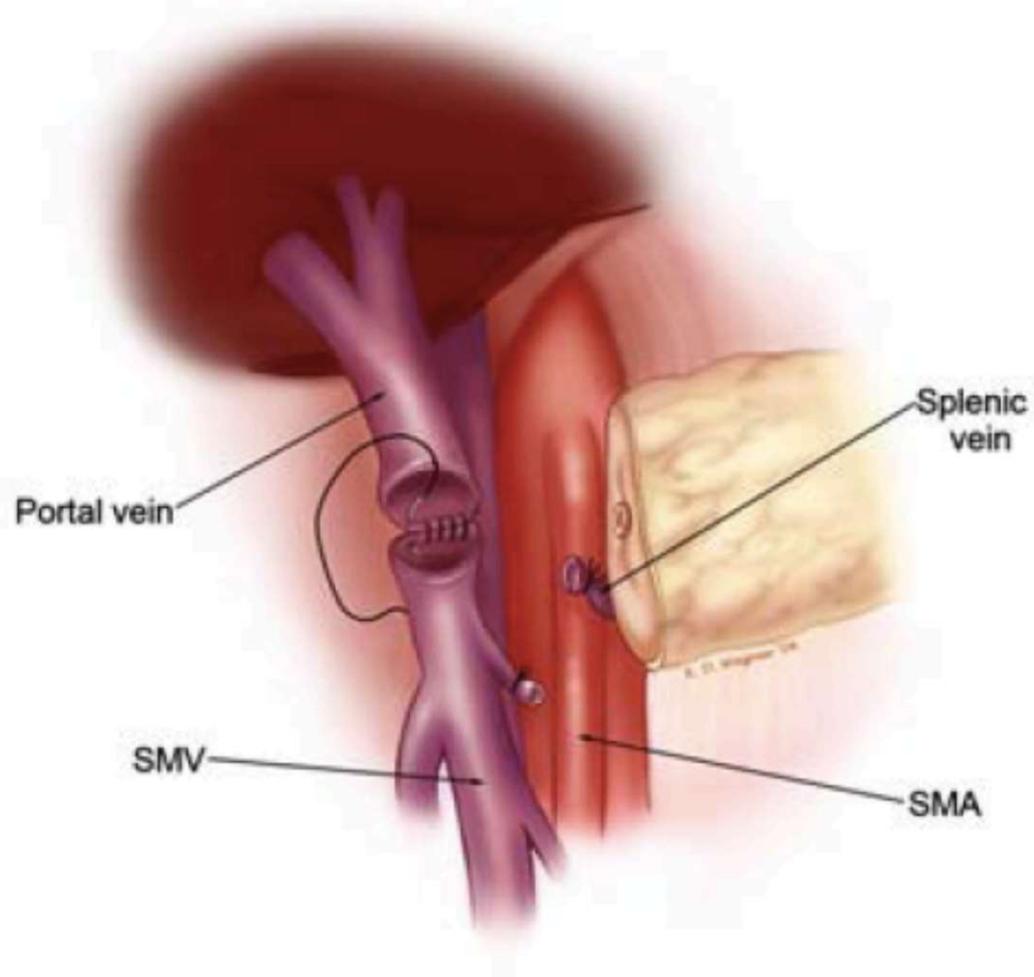
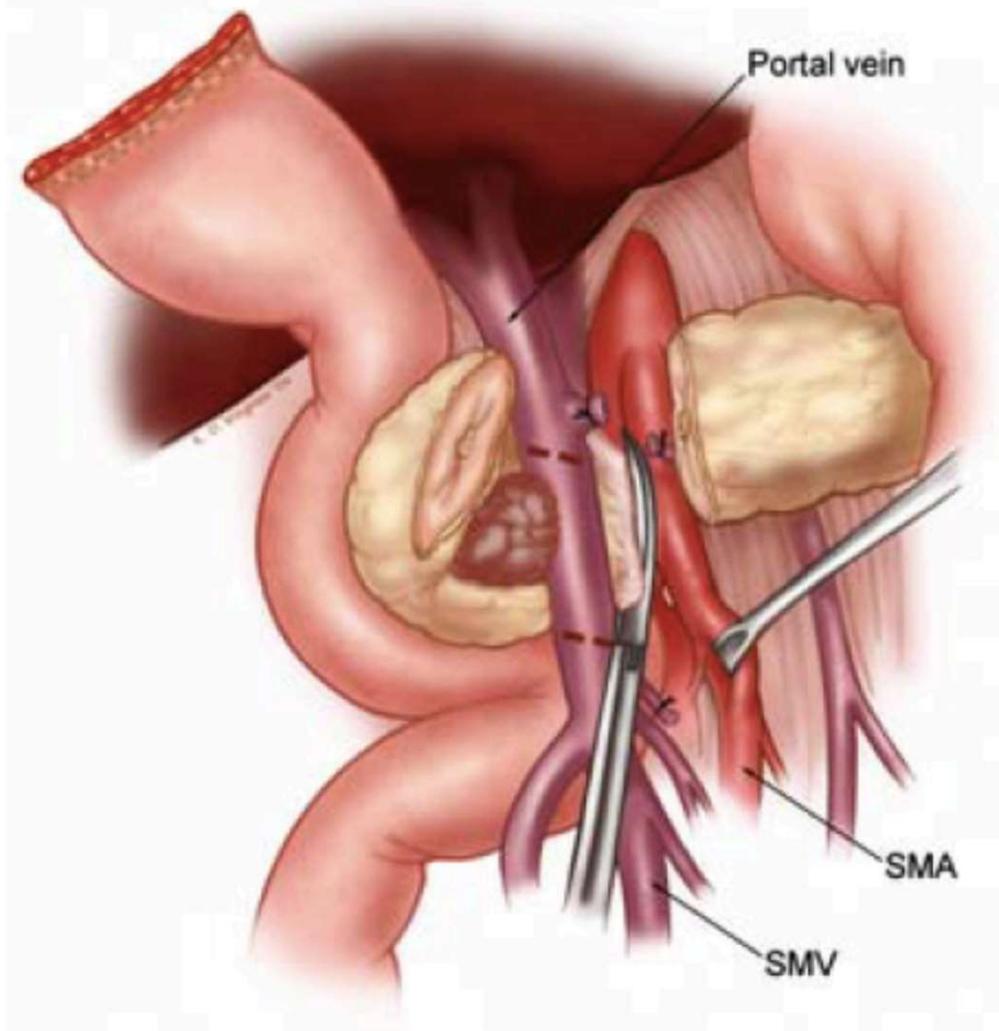


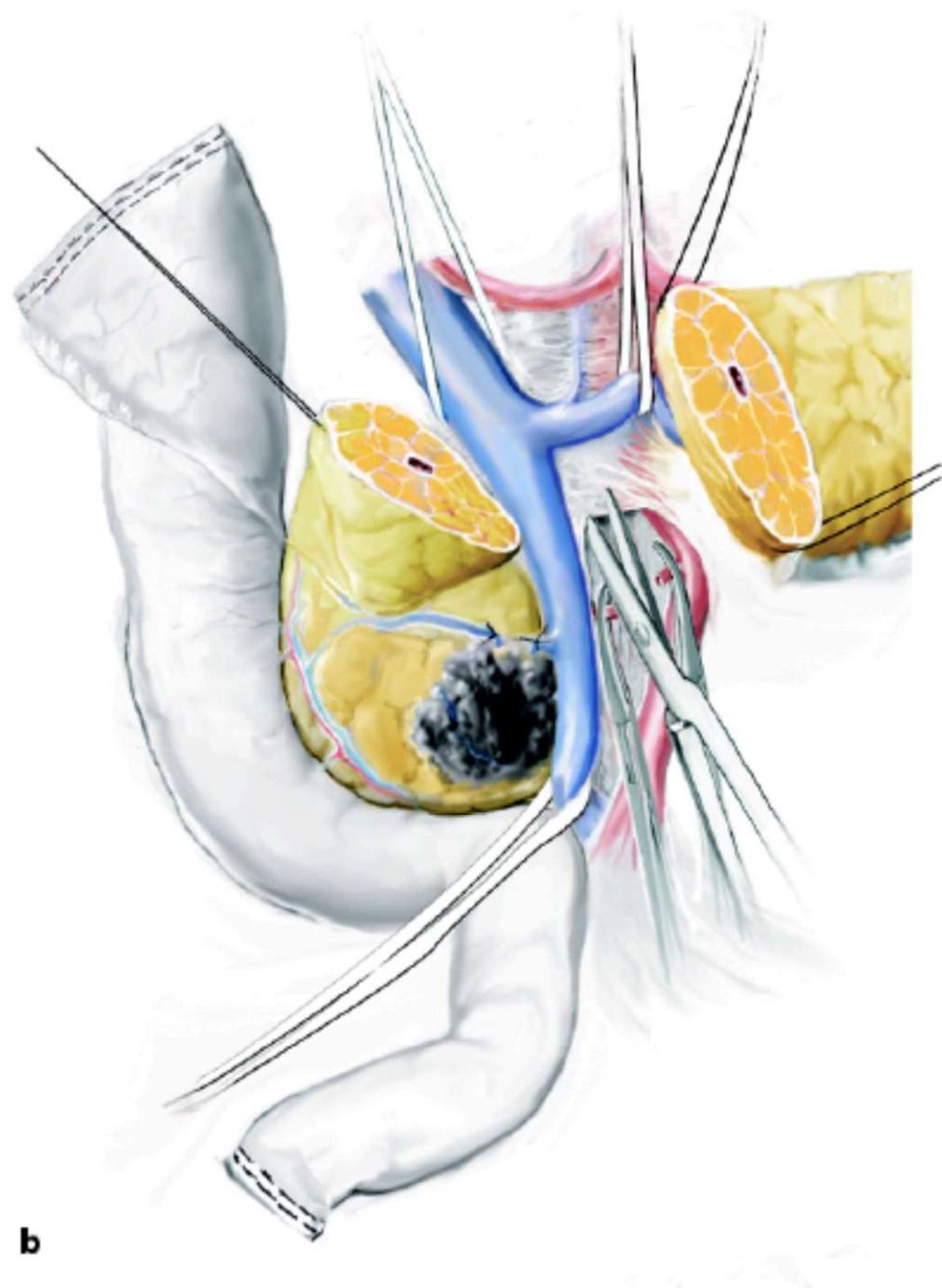
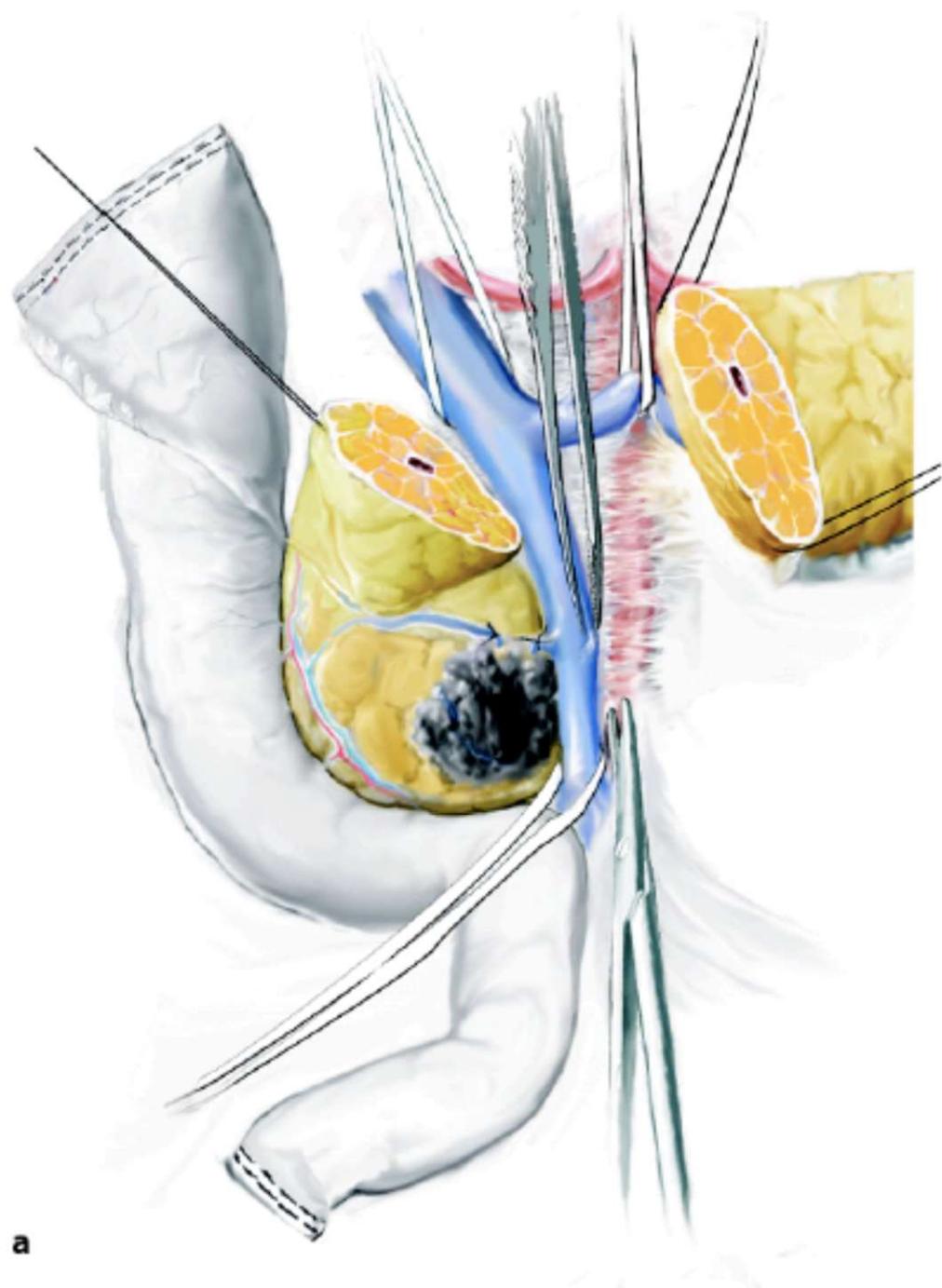
Efficacy and safety of neoadjuvant FOLFIRINOX for borderline resectable pancreatic adenocarcinoma: improved efficacy compared with gemcitabine-based regimen

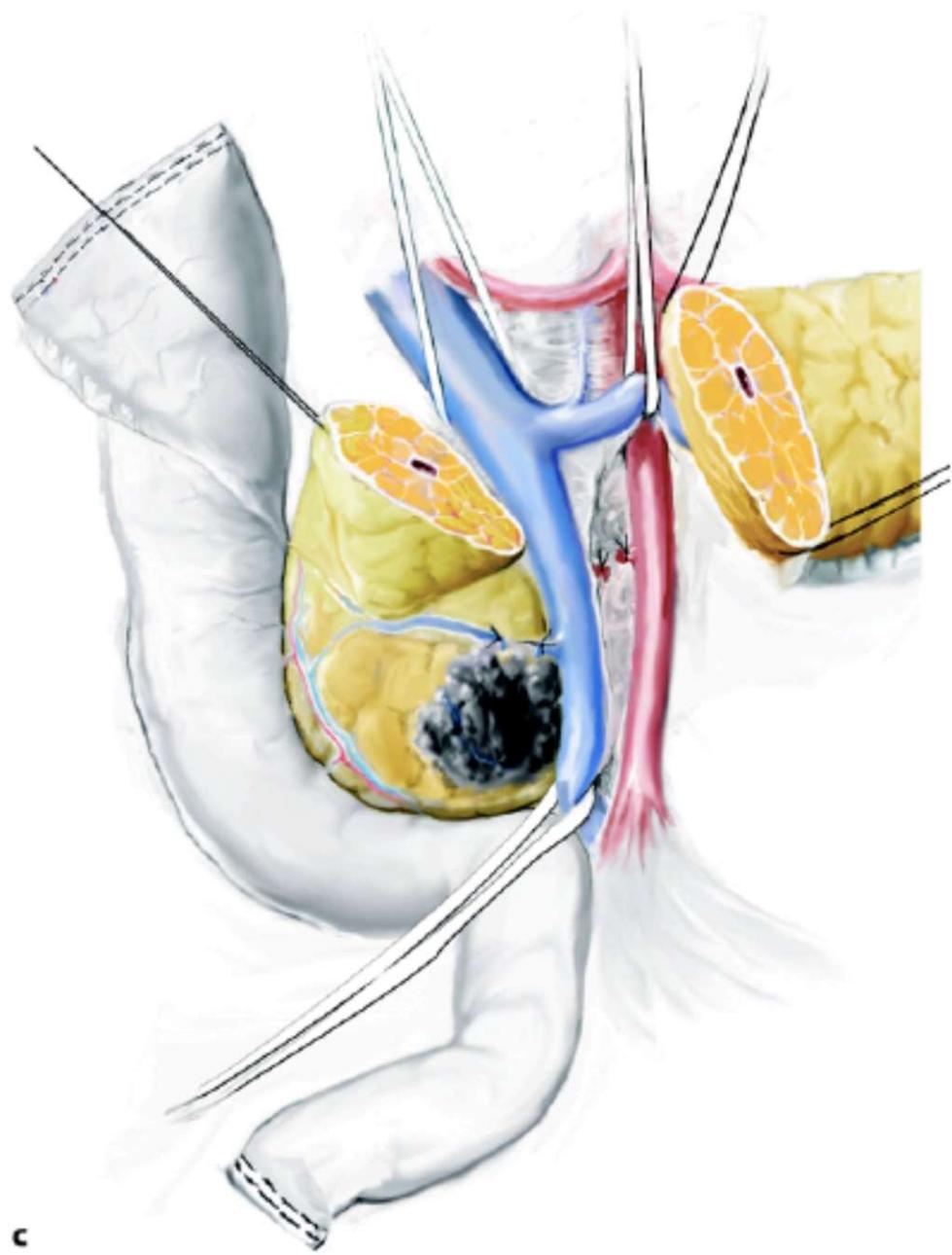
Changhoon Yoo^{1,*}, Jihoon Kang^{1,*}, Kyu-Pyo Kim¹, Jae-Lyun Lee¹, Baek-Yeol Ryoo¹, Heung-Moon Chang¹, Sang Soo Lee², Do Hyun Park², Tae Jun Song², Dong Wan Seo², Sung Koo Lee², Myung-Hwan Kim², Jin-Hong Park³, Dae Wook Hwang⁴, Ki Byung Song⁴, Jae Hoon Lee⁴ and Song Cheol Kim⁴



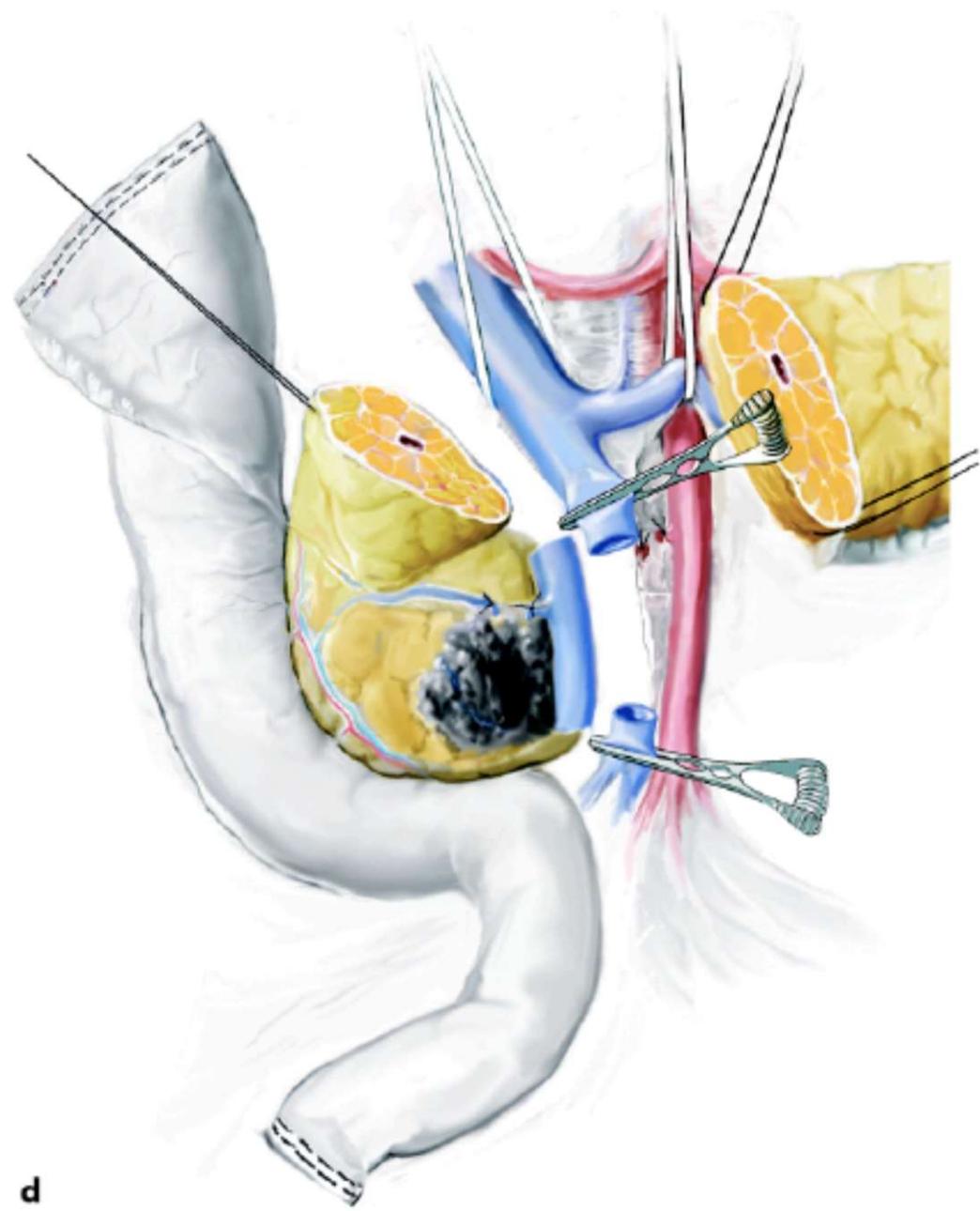




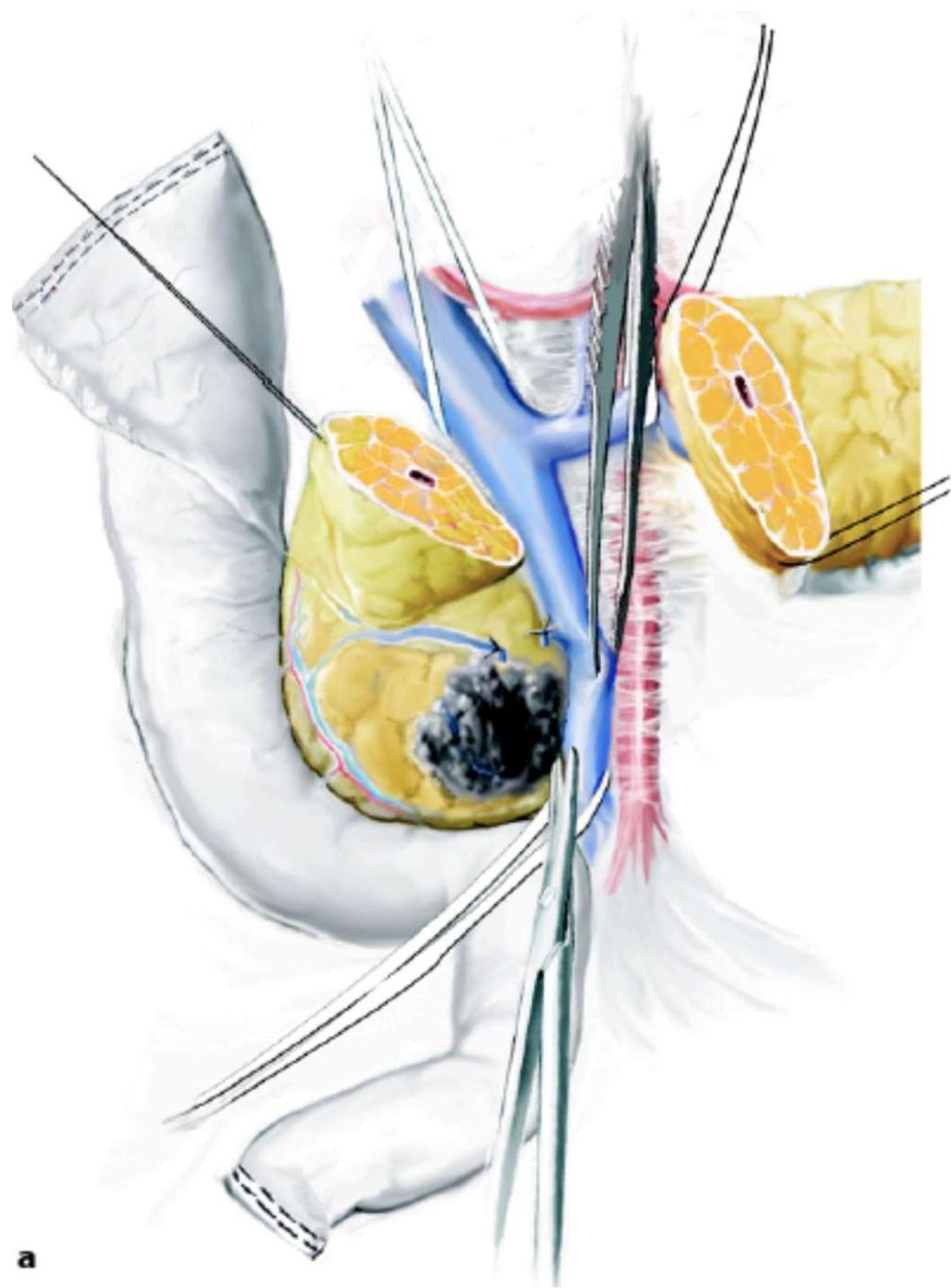




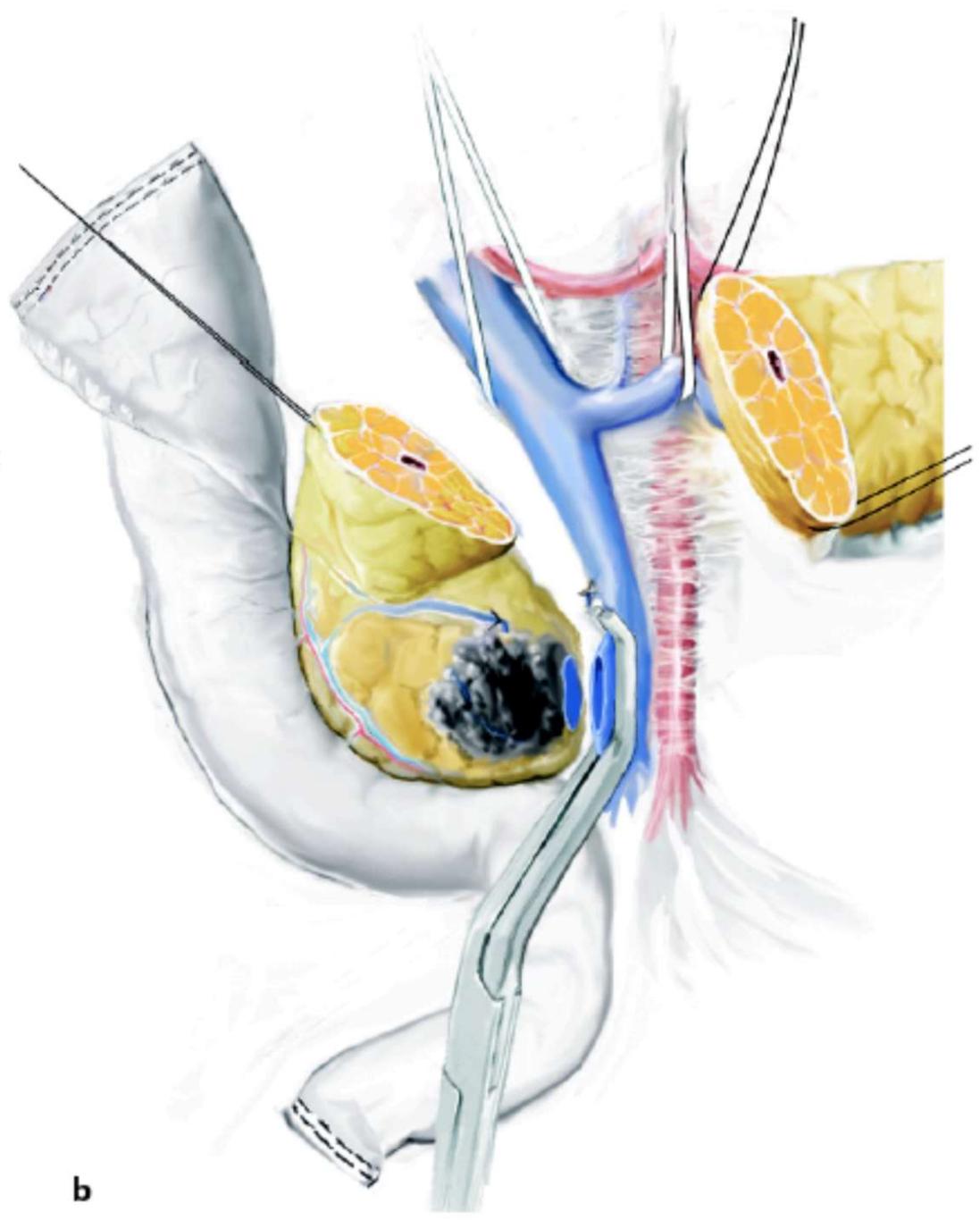
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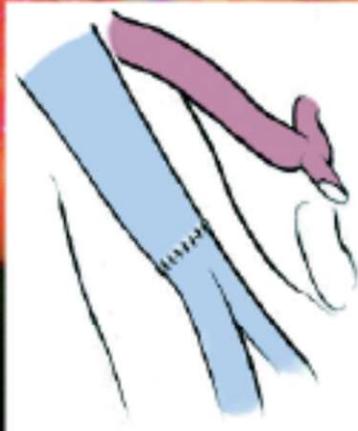
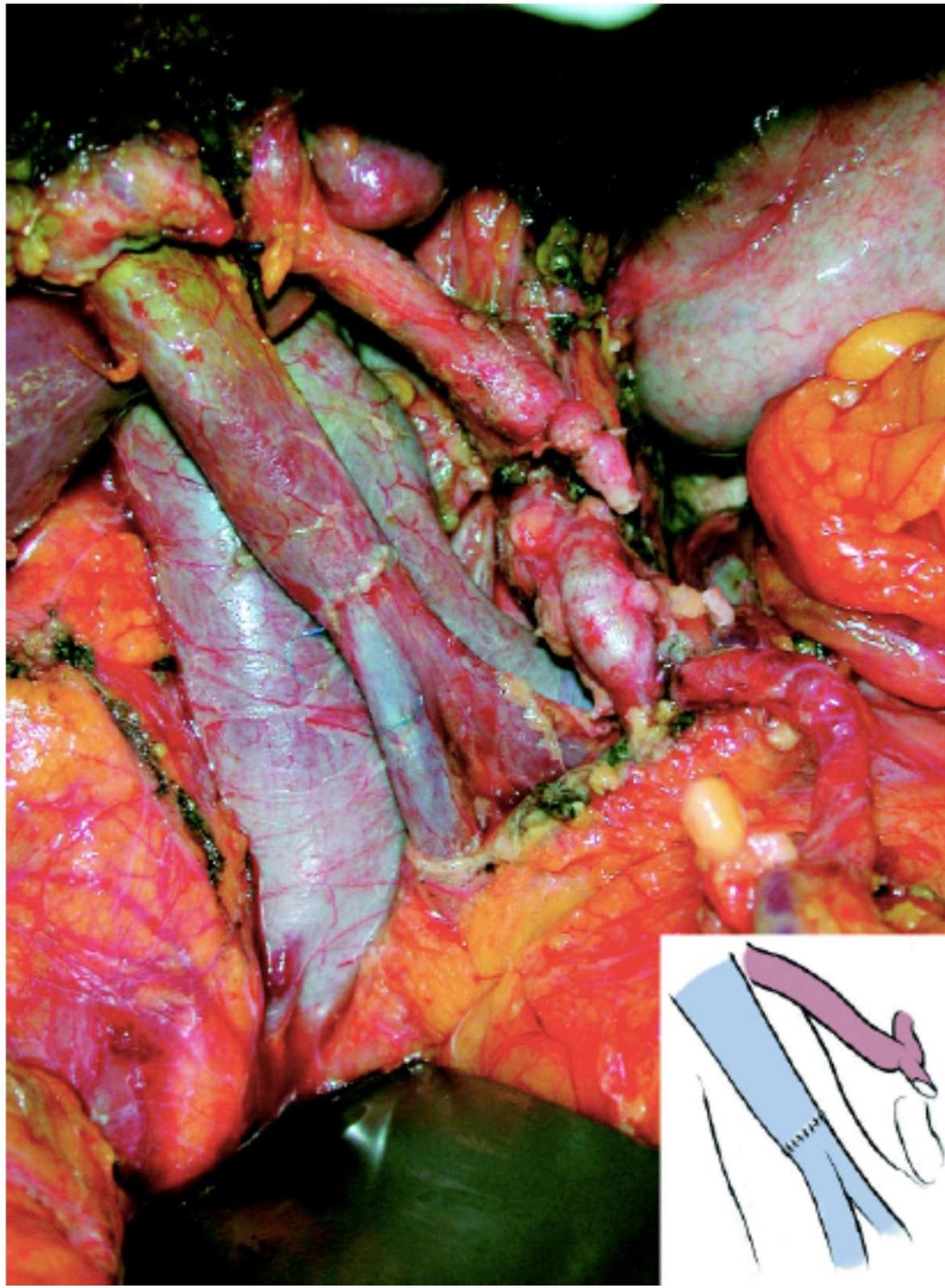
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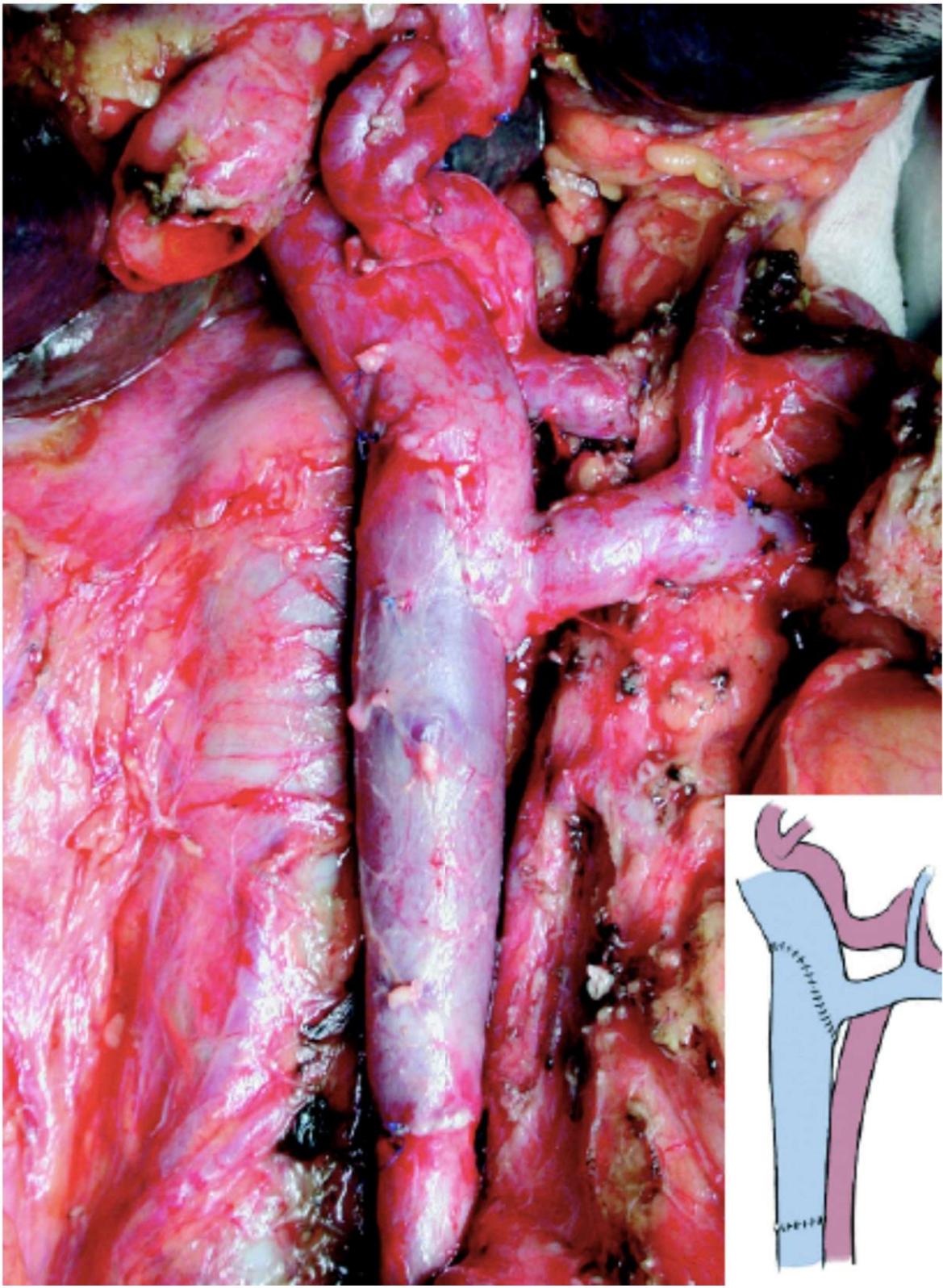


a



b

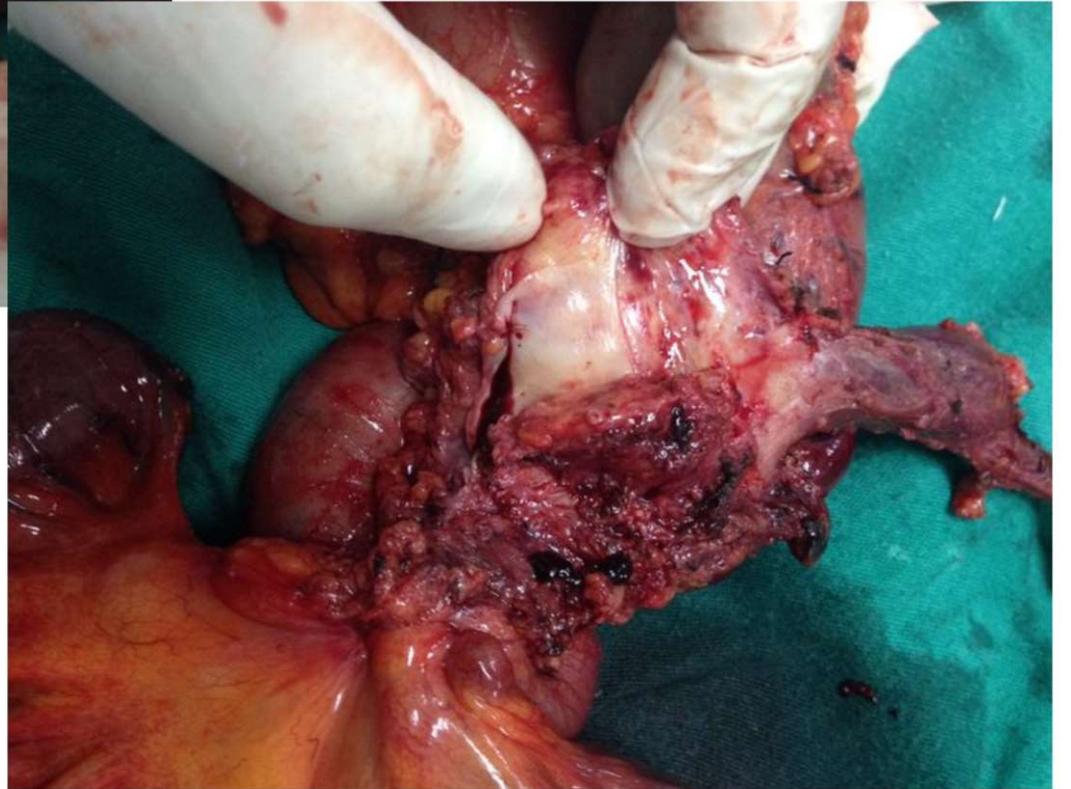
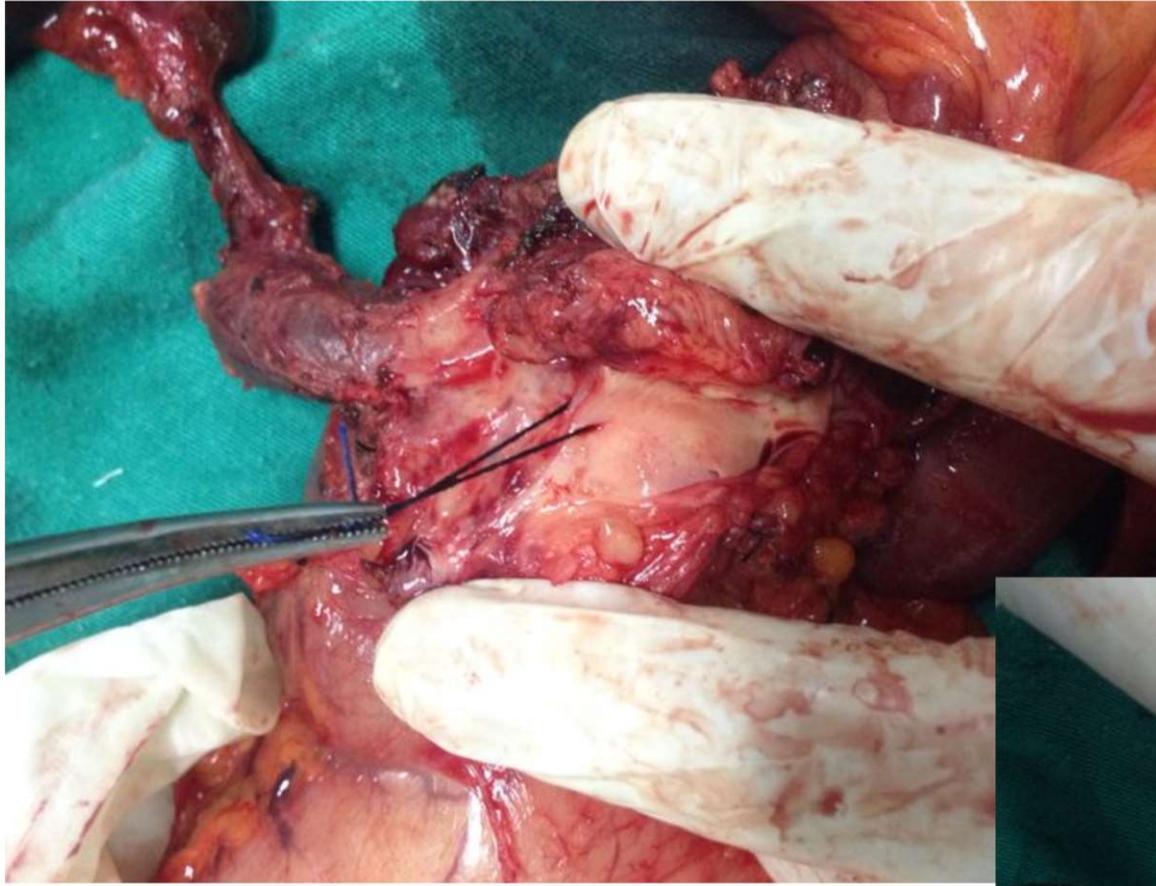




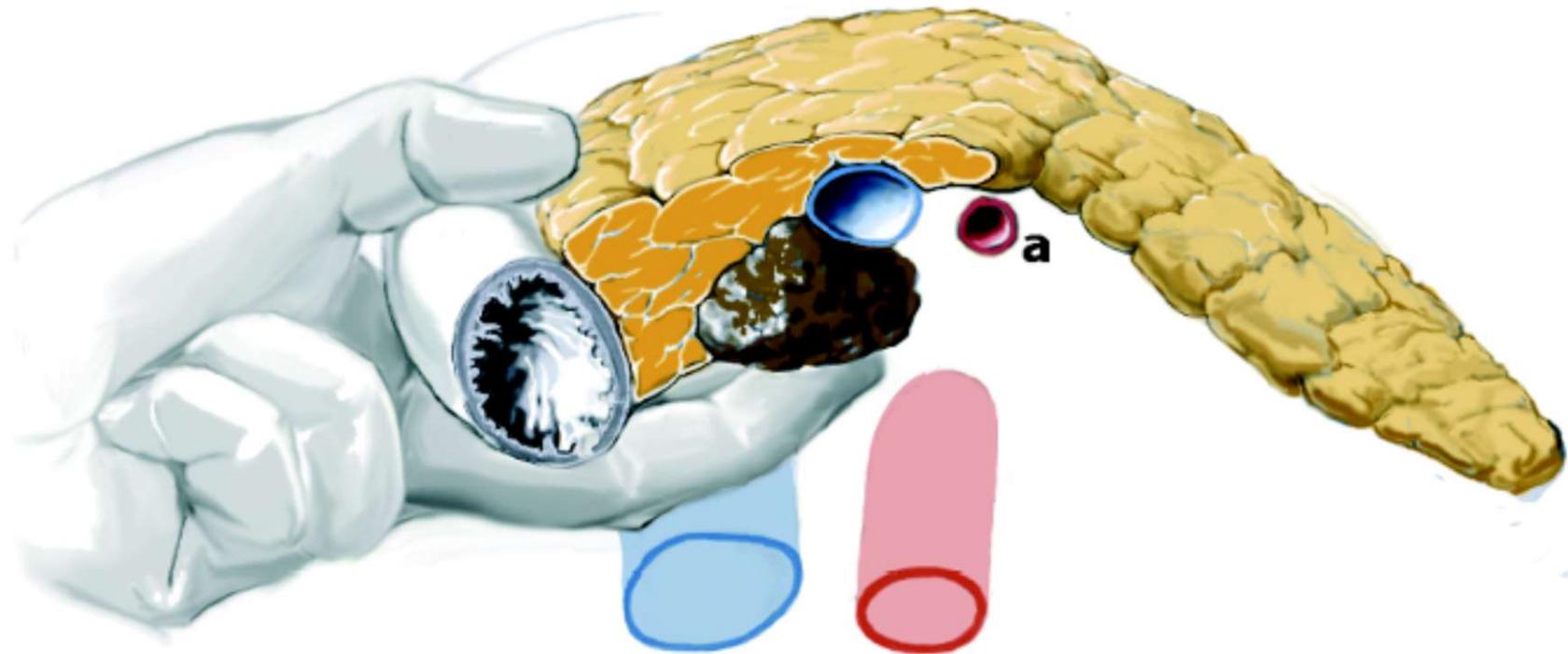
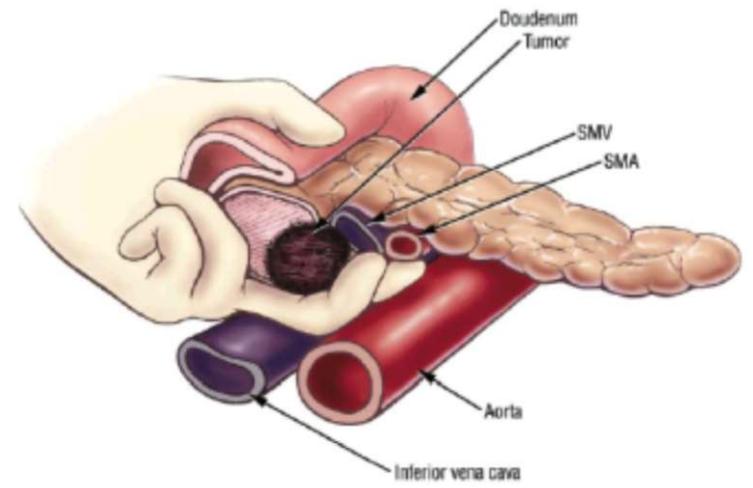


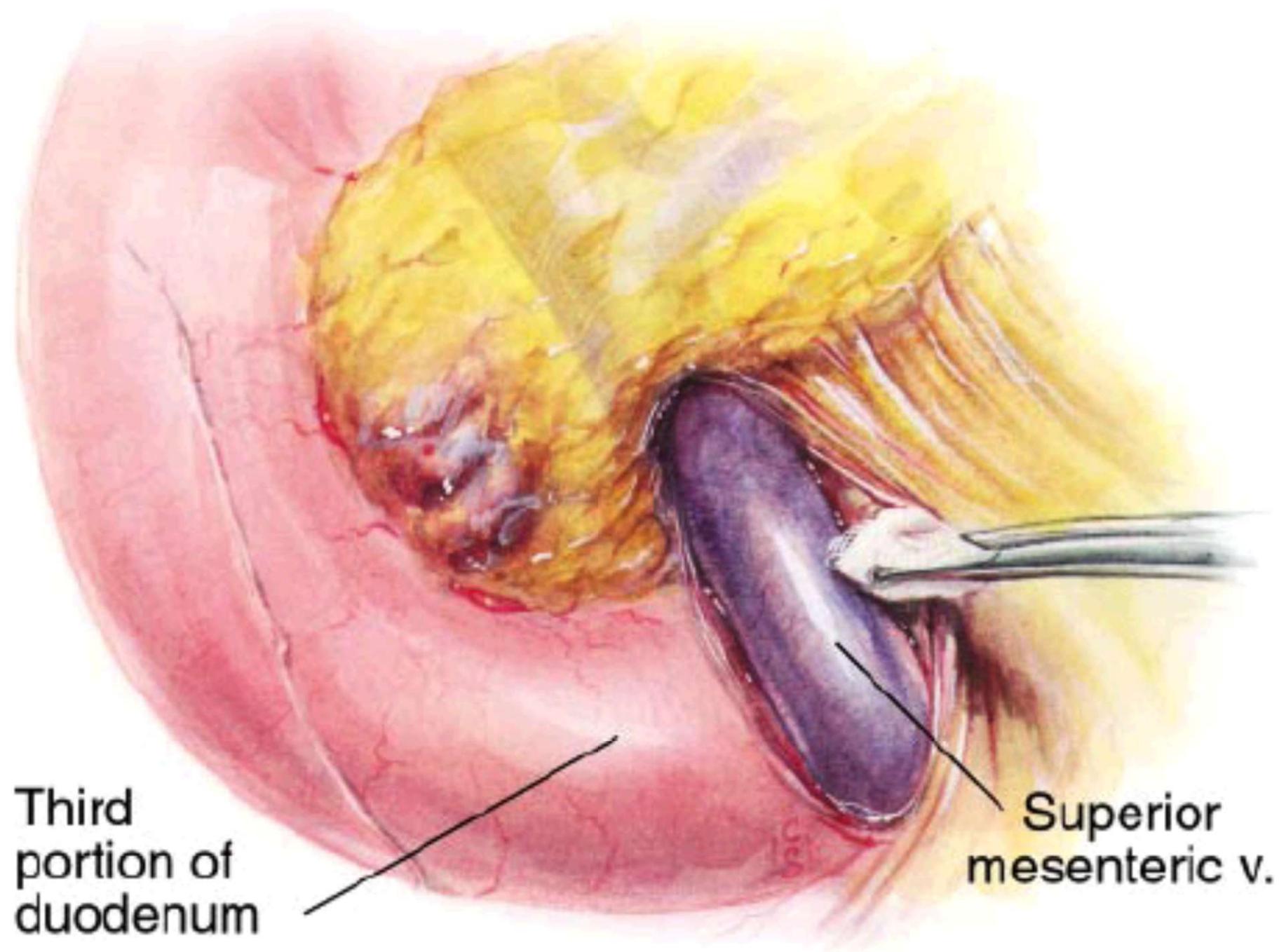
52a, fem, lesão do pâncreas envolvendo tronco mesentérico/porta sem quimioterapia





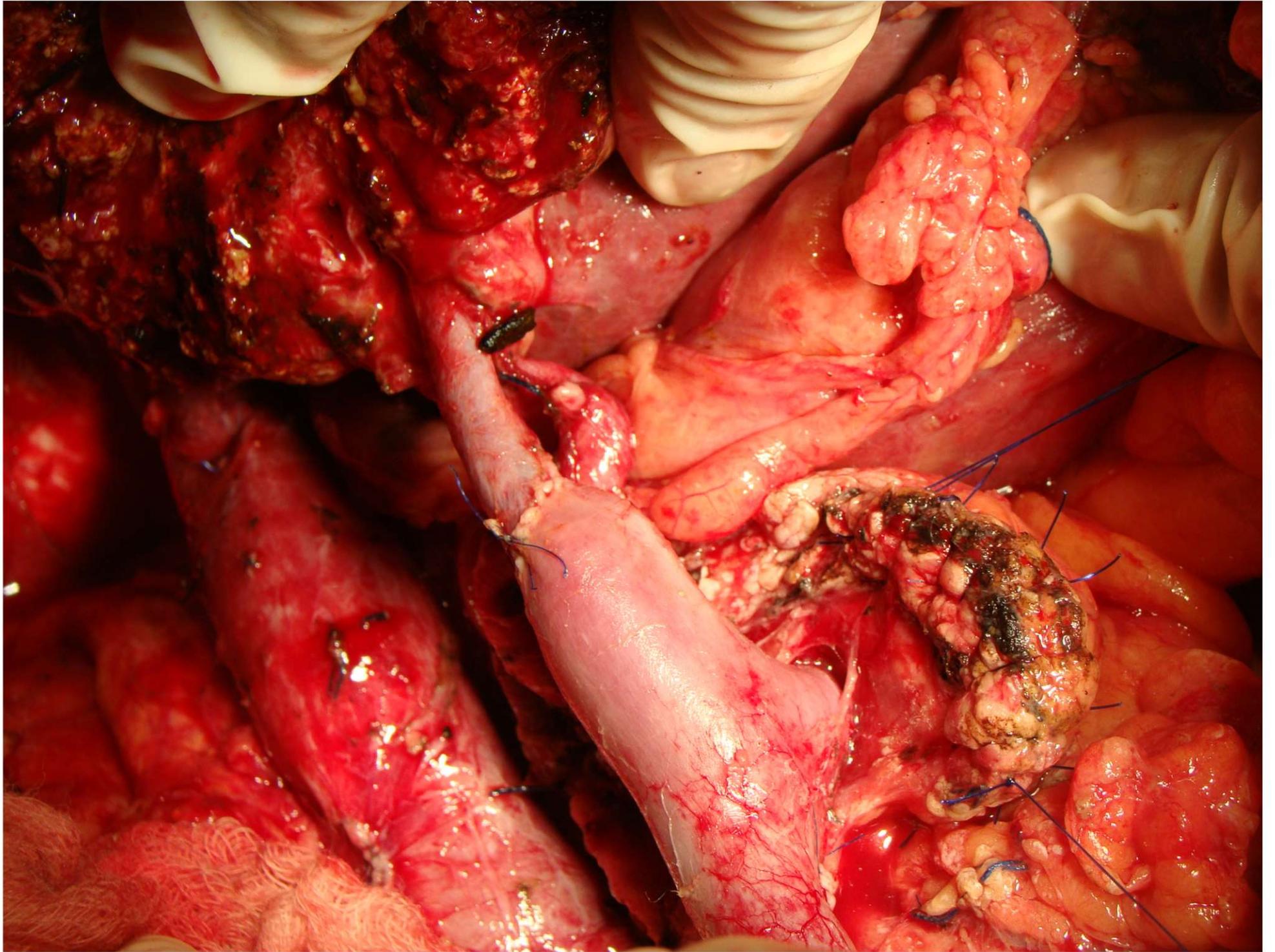


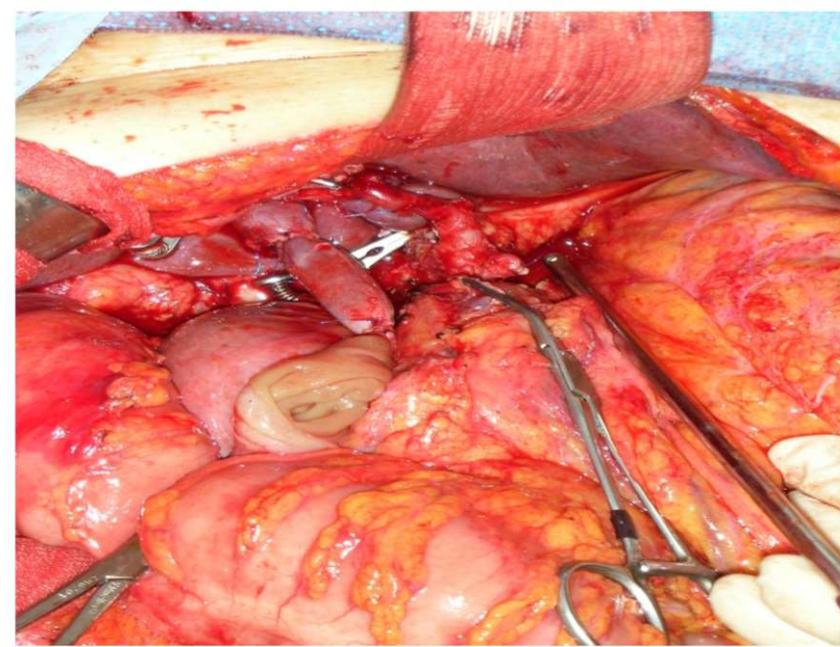
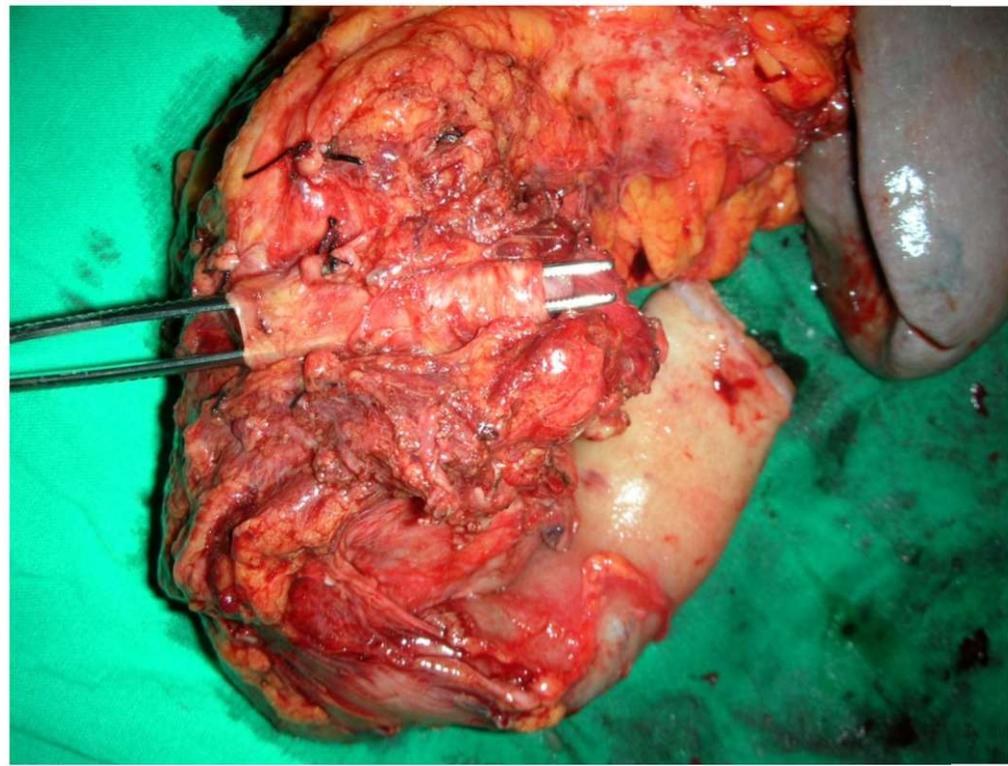
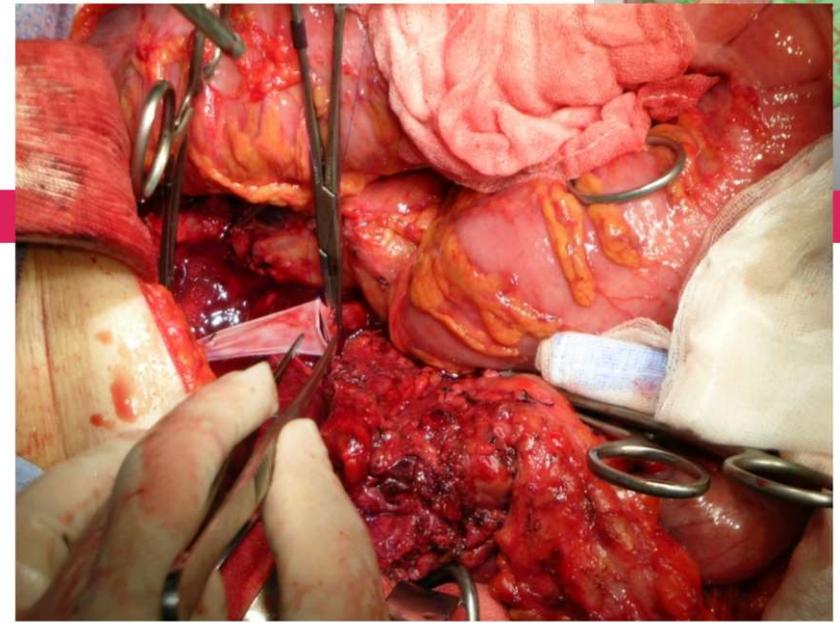
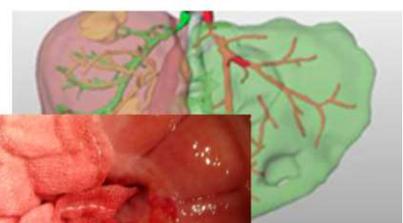


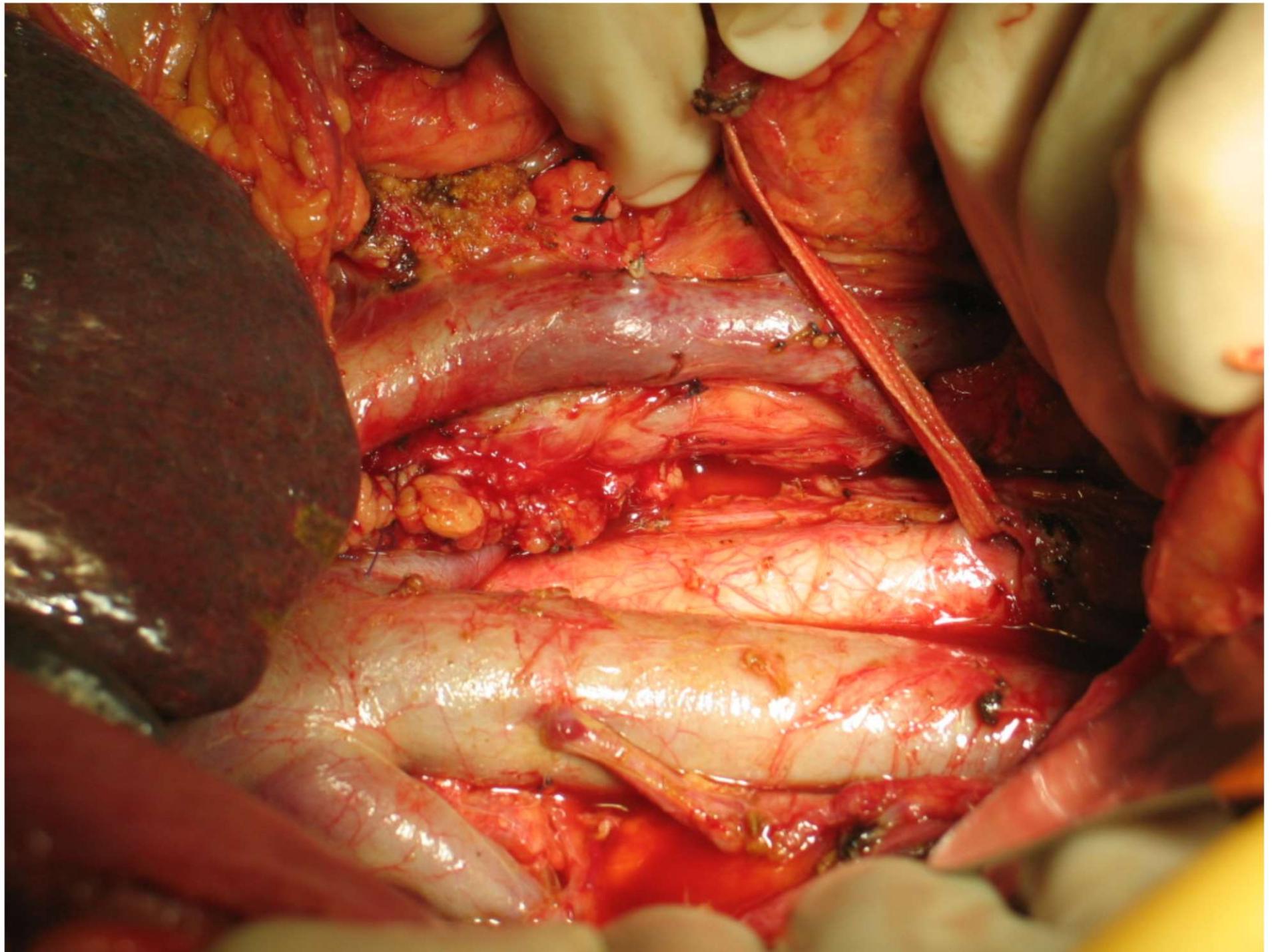


Third
portion of
duodenum

Superior
mesenteric v.







PANCREATODUODENECTOMY: BRAZILIAN PRACTICE PATTERNS*

*Duodenopancreatectomia: prática padrão do Brasil**

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Videolaparoscopia

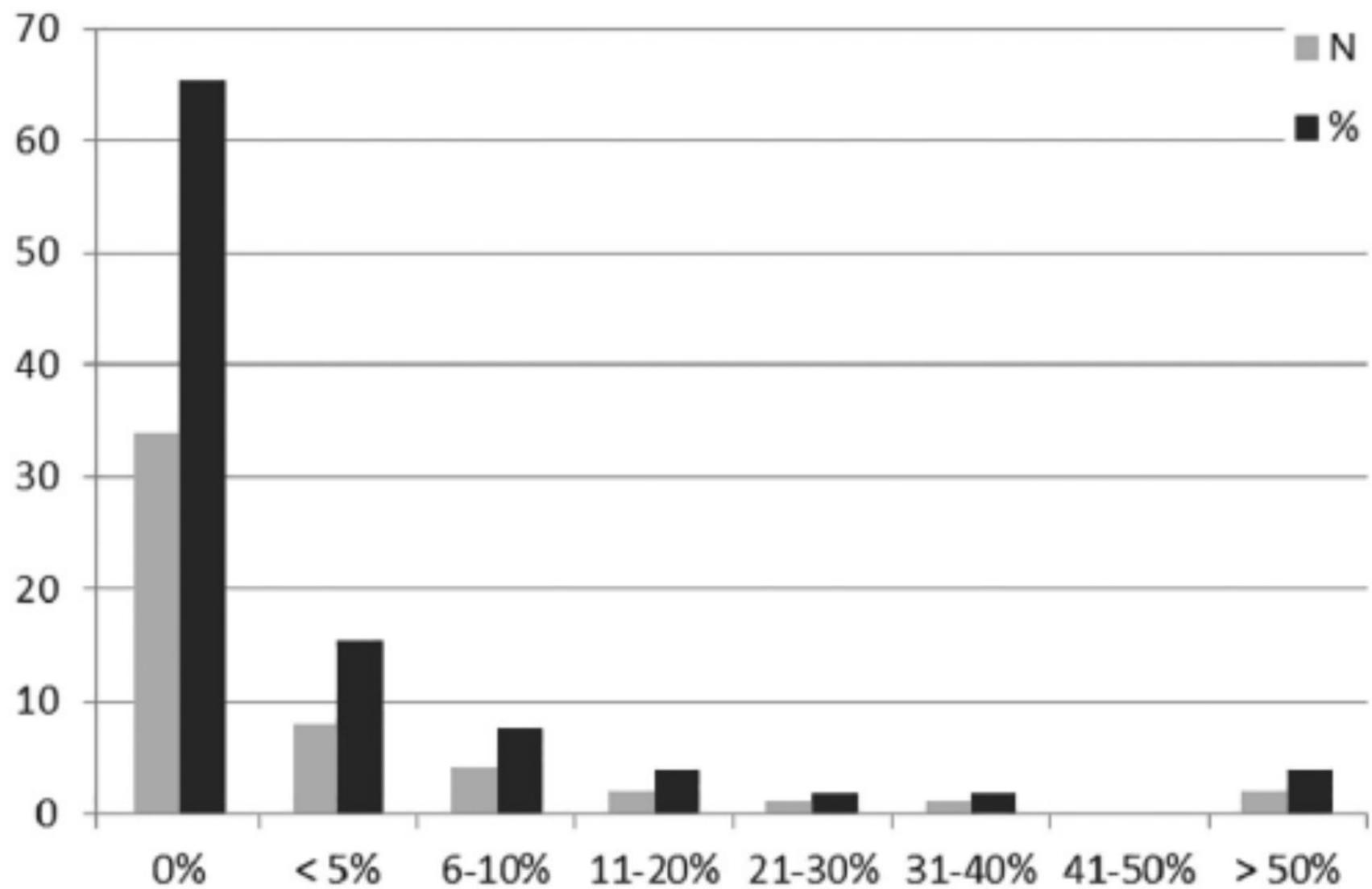


FIGURE 1 – Laparoscopic pancreatoduodenectomy (%)

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Performance of Laparoscopic Pancreatoduodenectomy for Solid Pseudopapillary Tumor of Pancreas

Authors' Contribution:
Study Design A
Data Collection B
Statistical Analysis C
Data Interpretation D
Manuscript Preparation E
Literature Search F
Funds Collection G

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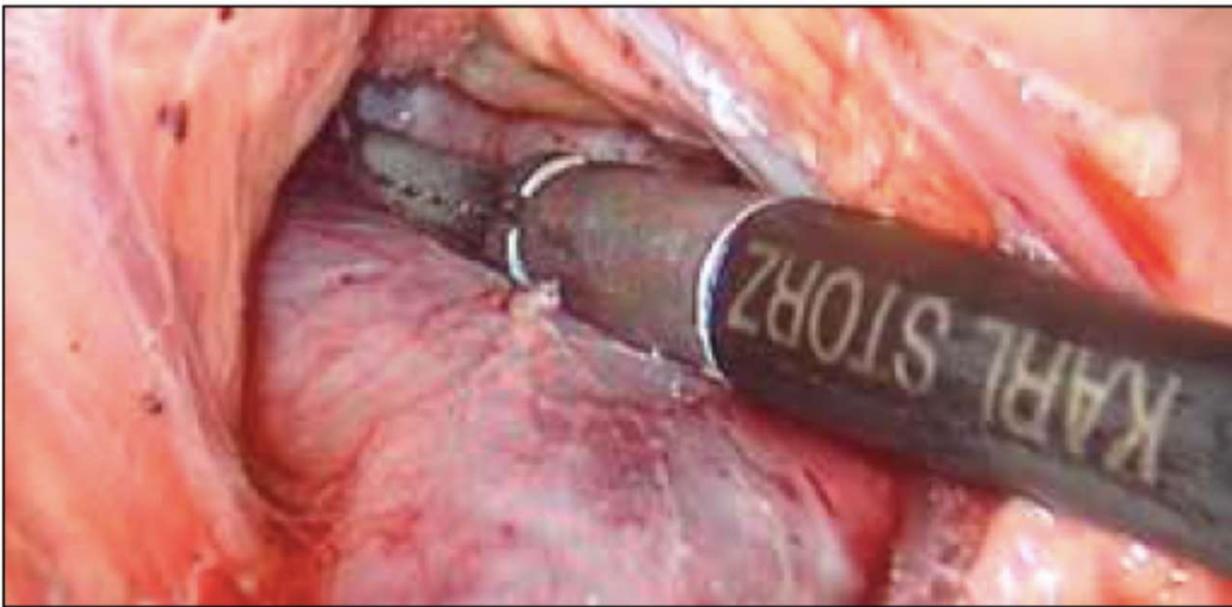


Figure 5. Dissection of superior mesenteric vein and portal vein.



Figure 6. Specimen with tumor in the head of the pancreas.



Figure 8. Final aspect of the abdomen five months after the procedure.

ABCDDV/925

ABCD Arq Bras Cir Dig
2013;26(2):151-153

Letters to the Editor

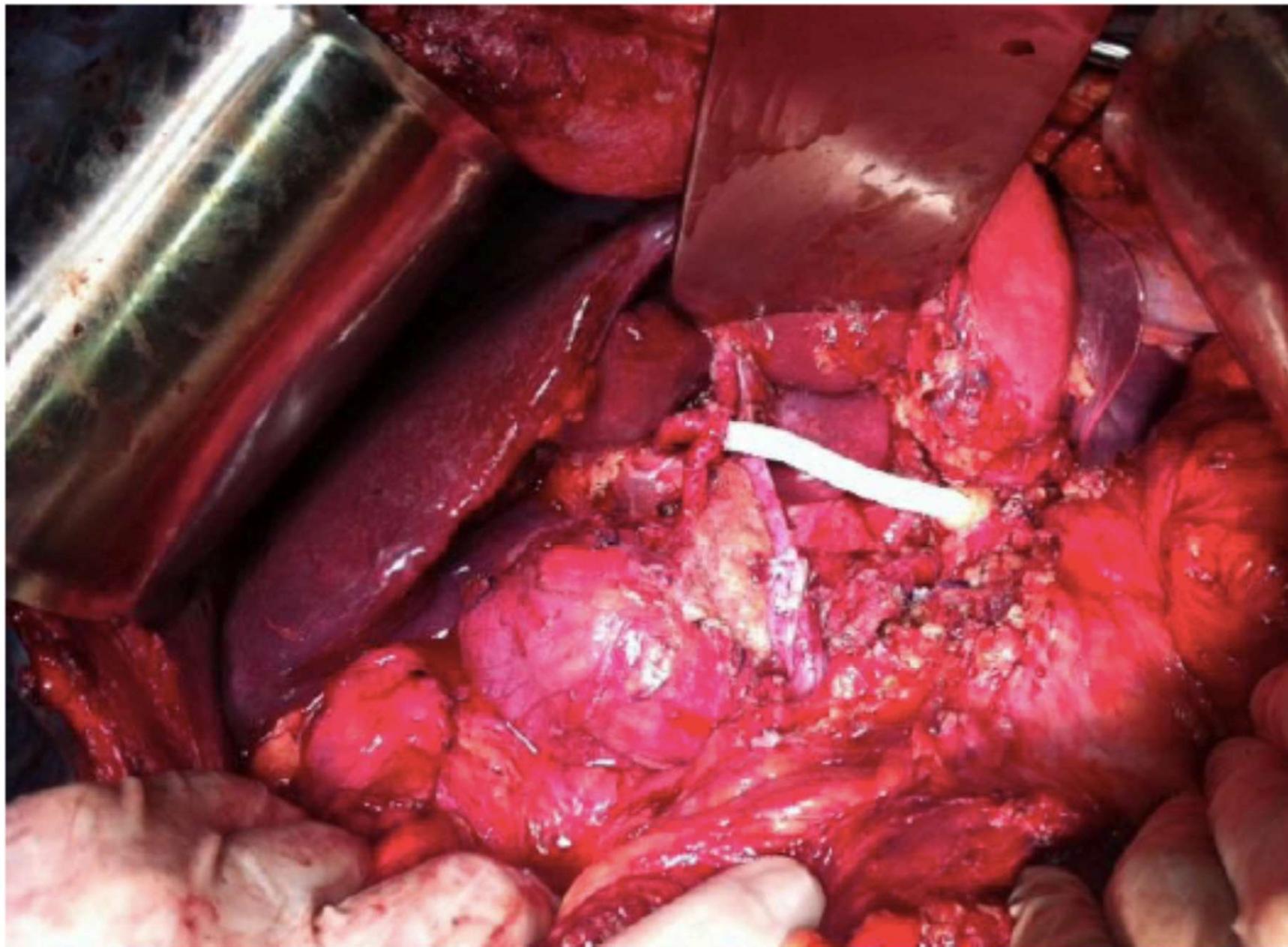
DISTAL PANCREATECTOMY WITH EN-BLOC CELIAC TRUNK RESECTION FOR LOCALLY ADVANCED PANCREATIC BODY CANCER (APPLEBY PROCEDURE): CASE REPORT

Pancreatectomia distal com ressecção em bloco do tronco celíaco para adenocarcinoma de corpo de pâncreas localmente avançado (operação de Appleby): relato de caso

Orlando Jorge Martins **TORRES**¹, Jose Maria Assunção **MORAES-JUNIOR**¹, Eduardo de Souza Martins **FERNANDES**²

Ressecção arterial





THE LARGEST WESTERN EXPERIENCE WITH HEPATOPANCREATODUODENECTOMY: LESSONS LEARNED WITH 35 CASES

A maior experiência ocidental com hepatopancreatoduodenectomia: lições aprendidas com 35 casos

Eduardo de Souza Martins **FERNANDES**^{1,2}, Felipe Tavares de **MELLO**², Joaquim **RIBEIRO-FILHO**¹,
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Ressecção multivisceral

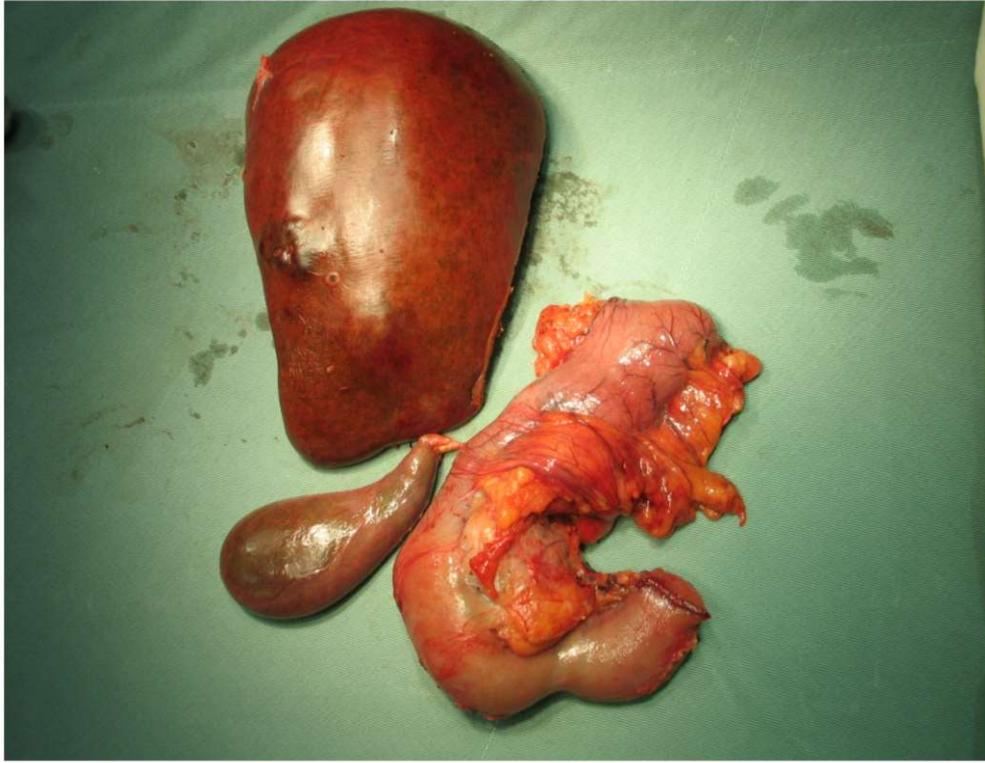


TABLE 1 – Indications for hepatopancreatoduodenectomy

Diagnosis	Indication	n
Gallbladder cancer (n=18)	Peripancreatic lymph nodes metastasis	4
	Diffuse biliary infiltration	4
	Duodenal/pancreatic invasion	10
Klatskin tumor (n= 8)	Distal bile duct infiltration	3
	Direct pancreatic invasion	5
Neuroendocrine tumors (n=5)	Duodenal invasion from recurred cancer	1
Colorectal metastasis (n=1) Metastatic intraductal papillary	Liver metastasis and pancreatic tumor	4
	Recurred liver tumor with duodenal invasion	1
Mucinous neoplasm (n=1)	Direct liver infiltration	1
Metastatic melanoma (n=1)	Metastatic ocular melanoma	1
Gastric cancer recurrence (n=1)	Tumor invasion to liver and pancreatic head	1

TABLE 2 - Types of liver resections on hepatopancreatoduodenectomies

Liver resections	n	Mortality (%)
Right hepatectomy	(Group 1) 8	5 (62.5%)
Right trisectionectomy	5 (Group 2)	2 (40%)
Left hepatectomy	(Group 3) 4	0
Central hepatectomy	(Group 4) 18	5 (22.7%)

TABLE 3 - Patients follow-up

Age/ Sex	Group Diagnosis Recurrence	Year	Diagnosis	Recurrence	Alive	Cause of death	Survival
66M	1	2005	GBC	No	Yes	NA	9 years
70F	2	2006	Melanoma No	Yes	NA	8 years	
63M	2	2006	Hilar CC	Yes	No	Recurrence 39 months	
71F	3	2008	Hilar CC	No	No	Sepsis	15 months
69M	4	2008	GBC	No	Yes	NA	6 years
59M	1	2009	GBC	Yes	No	Recurrence 9 months	
61F	4	2010	GBC	Yes	No	Recurrence 27 months	
52M	4	2010	GBC	Yes	No	Recurrence 22 months	
56F	4	2012	GBC	No	Yes	NA	2 years
53F	4	2013	NET	No	Yes	NA	1 year
55M	3	2014	Gastric CA No	Yes	NA	1 year	
49F	4	2014	GBC	No	Yes	NA	6 months

GBC=gallbladder cancer; NET=neuroendocrine tumor; Hilar CC=hilar cholangiocarcinoma

TABLE 33-19 Findings at exploration

Findings contraindicating resection

- Liver metastases (any size)
- Celiac lymph node involvement
- Peritoneal implants
- Hepatic hilar lymph node involvement

Findings not contraindicating resection

- Invasion at duodenum or distal stomach
- Involved peripancreatic lymph nodes
- Involved lymph nodes along the porta hepatis that can be swept down with the specimen

Metástase hepática



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Radical surgery of oligometastatic pancreatic cancer

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Available online ■ ■ ■

Table 2

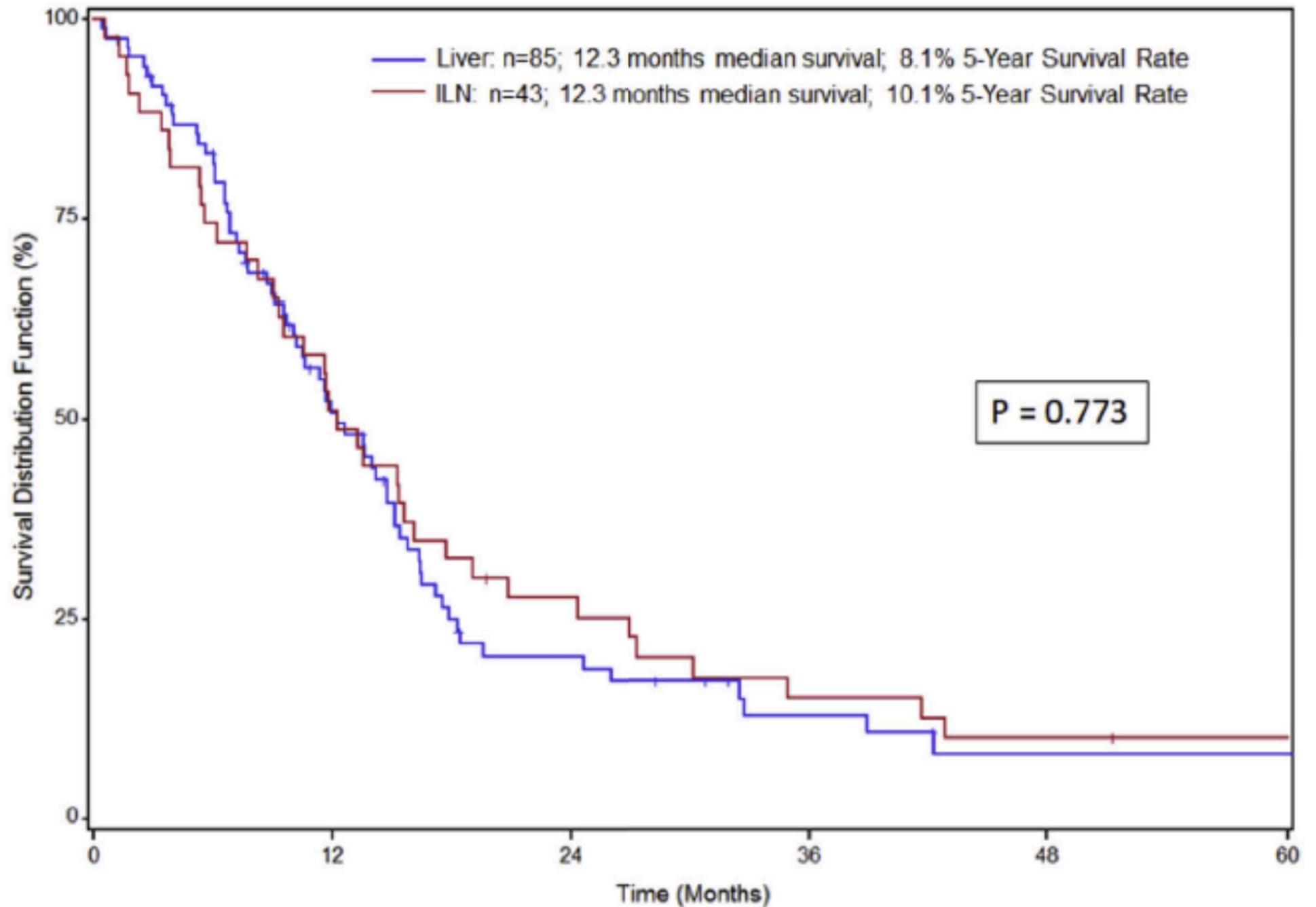
Types and timing of hepatic resections.

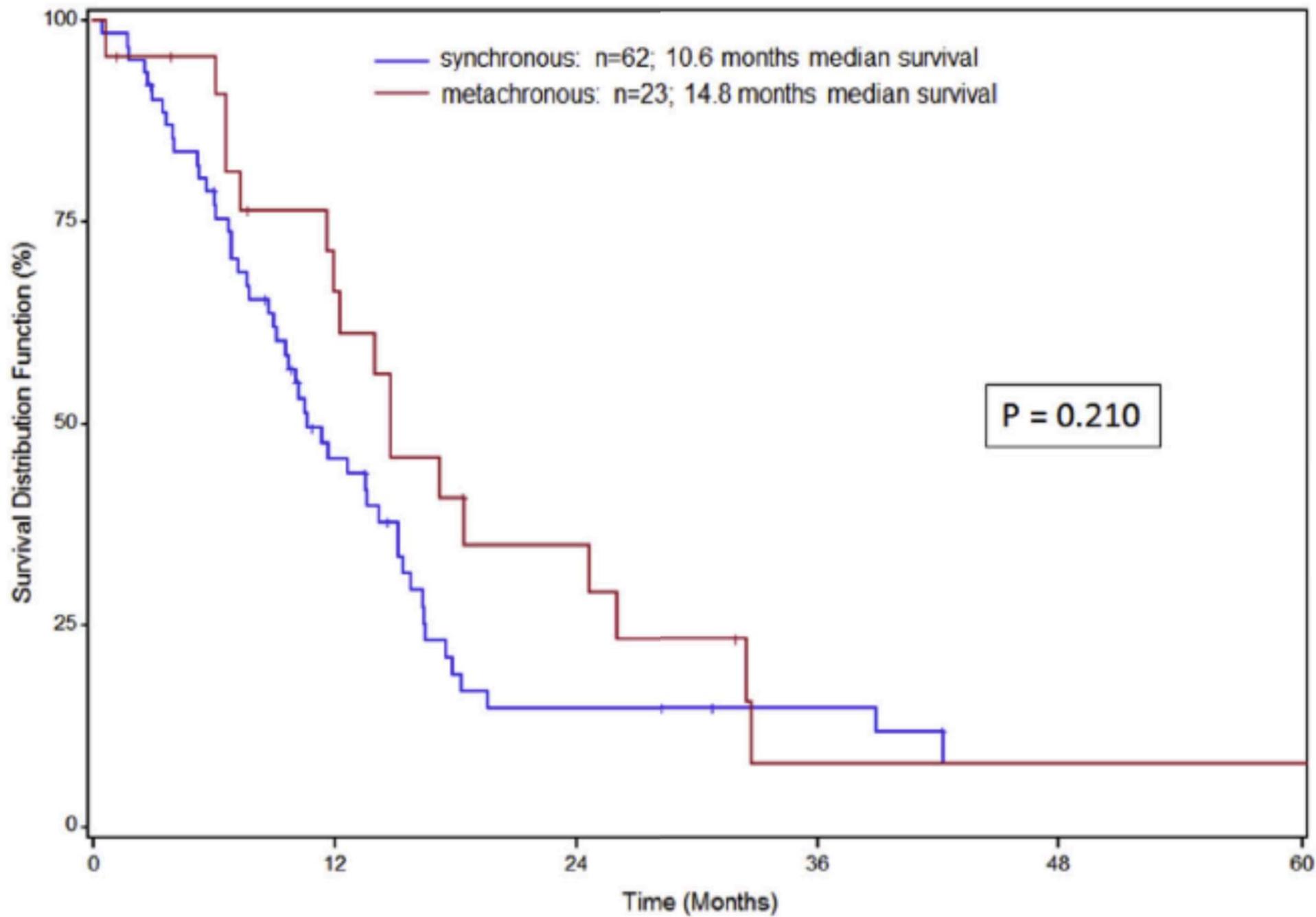
Liver resection	Overall	Synchronous	Metachronous
1× atypical	55 (64.7%)	43	12
2× atypical	15 (17.7%)	14	1
3× atypical	1 (1.1%)	—	1
4× atypical	2 (2.4%)	2	—
Bisegmentectomy	2 (2.4%)	1	1
Bisegmentectomy & 1× atypical	3 (3.5%)	1	2
Right hepatectomy	6 (7.1%)	1	5
Extended right hepatectomy	1 (1.1%)	—	1
	85 (100%)	62	23

Table 3

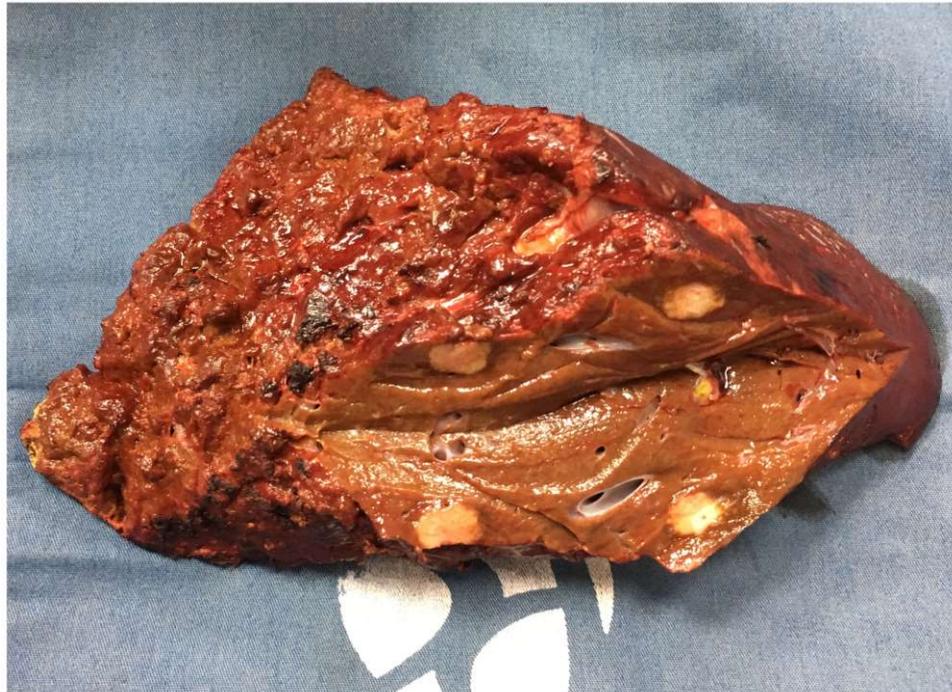
Perioperative outcome grouped according to the specific procedures.

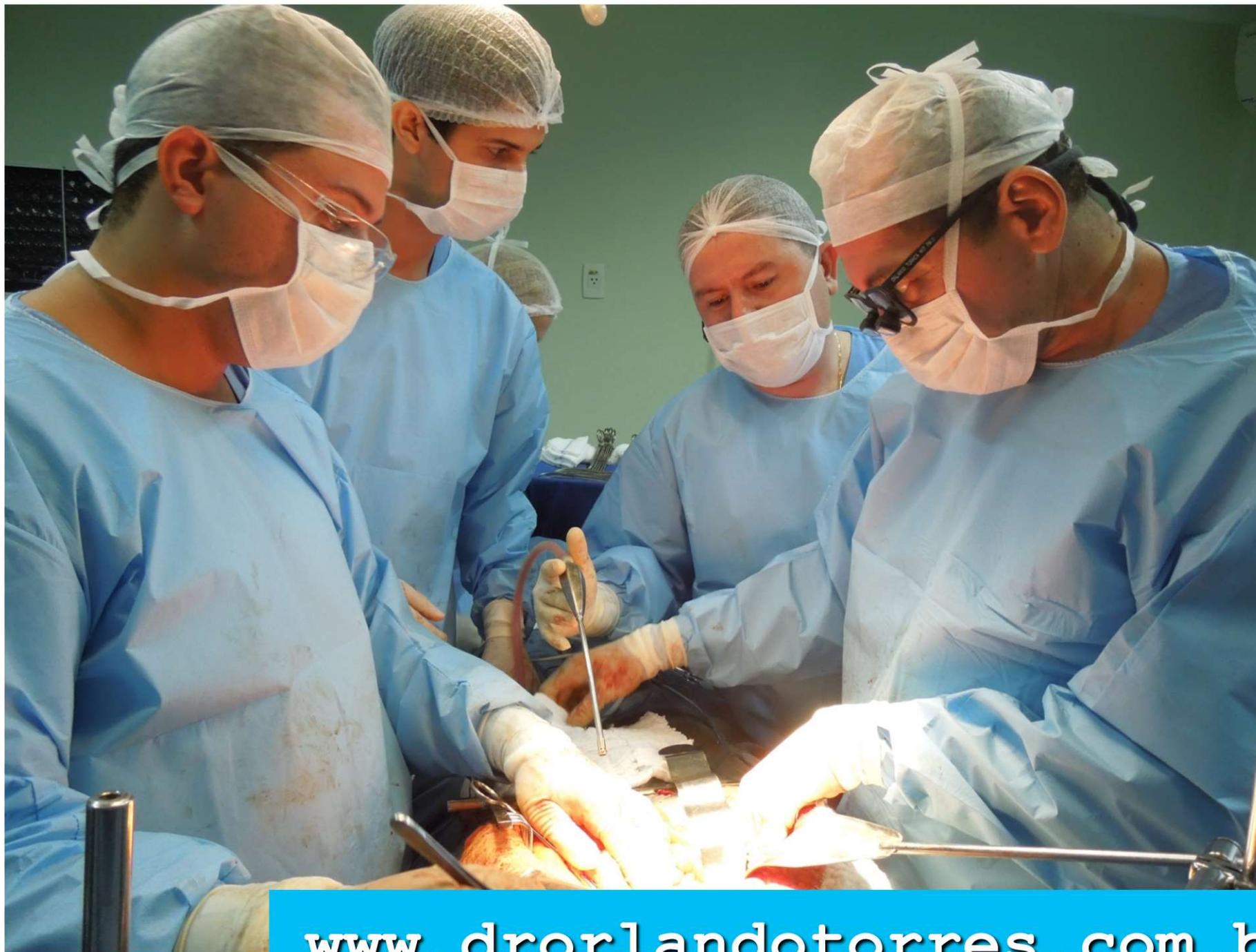
	Pancreas resection with ILN resection	Pancreas resection with liver resection	Liver resection alone
Patients (n)	43	62	23
Wound infection	3 (7.0%)	9 (14.5%)	2 (8.6%)
POPF B/C	3 (7.0%)	6 (9.7%)	—
DGE B/C	5 (11.6%)	6 (9.7%)	—
Lymphatic fistula	2 (4.7%)	5 (8.1%)	—
Bleeding	—	4 (6.4%)	1 (4.3%)
Bilioma	—	—	2 (8.6%)
Percutaneous drainage	2 (4.7%)	7 (11.3%)	2 (8.6%)
ERCP & stent	—	2 (3.2%)	—
PTCD	—	1 (1.6%)	—
Re-operation	—	2 (3.2%)	1 (4.3%)
30-Day mortality	2 (4.7%)	1 (1.6%)	1 (4.3%)





38a, fem, lesão do
pâncreas (1 ano)





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