

Simultaneous Distal Pancreatic Resection and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Peritoneal Carcinomatosis in Adenocarcinoma of the Pancreas - A Case Report

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Abstract

Pancreatic cancer remains one of the biggest challenges in oncology, as most patients are diagnosed in a stage of regional lymphatic or systemic spread of the disease. 10% of the patients present with peritoneal carcinomatosis upon diagnosis. In the past decades, cytoreductive surgery (CRS) combined with hyperthermic intraoperative intraperitoneal chemotherapy (HIPEC) has been developed and presents a new, individualized treatment option for patients with peritoneal disseminated cancer. This case report presents the case of a 39-year-old male with the initial diagnosis of a carcinoma of the pancreatic tail with localized peritoneal carcinomatosis. As an individualized approach, neoadjuvant chemotherapy was recommended with an option for a second exploration. Re-Staging revealed a reduction in tumor size. Cytoreductive surgery (CRS) including a distal splenopancreatectomy was performed and followed by HIPEC. Postoperatively, the patient developed a clinically relevant pancreatic fistula, however recovered and was able to receive adjuvant chemotherapy. Taken together, in pancreatic cancer with localized peritoneal carcinomatosis CRS and HIPEC are a valid option in highly selective cases with potential extended overall survival and an acceptable quality of life.

Key words: pancreatic cancer, pancreatic adenocarcinoma, peritoneal carcinomatosis, HIPEC, cytoreductive surgery