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Spleen-Preserving Distal Pancreatectomy with Vein Scarifying and Artery Saving as an Alternative for Warshaw Method

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Introduction : There are two main laparoscopic spleen-preserving distal pancreatectomy (LSPDP) methods. One is the Kimura method that preserves both spleen artery and vein, which has advantage in sustained splenic perfusion but has technical difficulties. Another is the Warshaw method which sacrificed splenic vessels and has significant risks of splenic infarction or gastric varix. Herein, we introduce a modification of LSPDP that preserves splenic arteries at the expense of the splenic vein.

Methods : From 2010 to 2019, patients who planned for LSPDP due to tumors in the body or tail of the pancreas were enrolled. We first used the Kimura method (group K), than depending on the extent of splenic vessel sacrifice, we categorized them as either being eligible for Warshaw method (group W) modified Warshaw method (group MW) if we preserved splenic artery and sacrificed only splenic vein. After surgery, we took imaging study every 3 months and then every 6 or 12 months, to assess the presence of gastric varices or splenic infarction.

Results : Eighty-six patients were analyzed (50 group K, 15 group W, and 21 group MW). The surgery took longer in group K than it did in either group W or group MW. The incidence of splenic infarction was lower in group MW than in group W ($p = 0.035$). The incidence of gastric varices or splenomegaly was no difference between group MW and group W.

Conclusions : The MW method could serve as one of the LSPDP modalities that improve on the disadvantages of conventional LSPDP techniques.

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