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Laparoscopic distal pancreatectomy for insulinoma

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Insulinomas are benign neuroendocrine tumors which are the most common of the pancreatic islet cell tumors, yet it remains a rare case. The incidence are 1-4 cases in one million patients a year. 60% are woman with a median age at presentation of 47 years. 90% are solitary and 10% multiple. More than 90% are benign adenomas and about 5%-6% of cases are malignant, and 5%-8% are associated with multiple endocrine neoplasm (MEN type I). Most insulinoma are 1-3 cm in size. Hyperinsulinism causes severe hypoglycemia and leads convulsion, depression and coma. Initial operation is curative in 88%, and long-term survival is normal. Recurrence rates of 7% (sporadic) and 21% (MEN type I) have been reported in 20 years. Clinical manifestations are related with endogenous hyperinsulinism: Autonomic (less specific) like sweat, worried, tremble, nausea, hungry palpitation and tingling. The more specific neuroglycopenic are confusion, change in behavior, dizziness, headache, and weakness. The classic diagnostic criteria (Whipple's triad) is hypoglycemic symptoms, fasting hypoglycemic (<45 mg/dL) and reversal of changes with glucose. The treatment is surgical, except in advanced metastatic disease, where streptozotocin is helpful. Enucleation is performed for solitary insulinoma and pancreas resection is performed for multiple insulinomas. Sometimes, ultrasonography intra operative is useful to determine the insulinoma location. The surgery can be done by laparotomy or laparoscopic method. The benefit of laparoscopic surgery are: Small incisions, less pain, faster mobilization, short hospitalization and better cosmetic. On the other side, laparoscopic pancreatectomy should be done by experienced surgeon with availability of supporting instruments. This insulinoma case was in a 39 year old woman. The locations were in body and tail pancreas. Laparoscopic distal pancreatectomy with spleen preservation was done successfully. The duration of operation was approximately 3.5 hours. Post-operative care was done in ICU, for one day. We start enteral nutrition on the third day post operative and the patient may leave hospital on the fifth day post operative.

Biography

Errawan R Wiradisuria is the President of Indonesian Society of Endo-Laparoscopic Surgeons and Chairman of Advance Laparoscopic Surgery Courses (Asia-Pacific). He has published numerous papers in reputed journals and has been serving as an Editorial Board Member of reputed.

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