E13

Celiac artery stenosis is critical situation for pancreaticoduodenectomy

Joo Dong KIM[1], Dong Lak CHOI*[1], Young Seok HAN[1], Ja Ryoung HAN[1]

[1]Department of Surgery, Catholic University of Daegu College of Medicine, Republic of Korea

Background : Celiac artery stenosis (CAS) is rarely of consequence owing to rich collateral supply from the superior mesenteric artery through the pancreatic head. However, pancreaticoduodenectomy (PD) in CAS disrupts these collaterals, and cause ischemic complications to the liver, stomach and spleen.

Methods : Herein, we present two patients who underwent PD due to periampullary cancer in the setting of hemodynamically significant CAS.

Results : A 73-year-old male underwent pylorus preserving PD for distal CBD cancer. Unfortunately, we didn't recognize CAS preoperatively. Flow in hepatic artery and splenic artery disappeared after clamping of gastroduodenal artery (GDA) and therefore, interventional stent insertion into celiac artery was performed intraoperatively. In second case, CAS was revealed by CT scan preoperatively, we performed endovascular stenting in celiac axis and we confirmed adequate flow of hepatic artery and splenic artery with intraoperative doppler ultrasonography after GDA clamping. All two patients never experienced ischemic complications to liver and spleen during postoperative period.

Conclusions : Pancreaticoduodenectomy in patients with CAS requires further perioperative attention and early recognition for CAS and appropriate treatment modality such as endovascular stenting could avoid ischemic complication after PD .

Corresponding Author : **Dong Lak CHOI** (milledr@cu.ac.kr)