

Anatomical Variant of Bilio-Pancreatic Surgery

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1. Introduction

The DPC is a technique indicated in the treatment of tumors and non-neoplastic diseases of the head of pancreas. It is also performed in tumors of the common bile duct, of the Vater ampulla and of the duodenum., in the event of duodenal cystic dystrophy on aberrant pancreas; and for certain complications of chronic pancreatitis. It is a complicated intervention that requires refined surgical skills.

It carries in bloc the head of the pancreas, the duodenal marc, with or without the antre pyloric area, and the ductus choledocus and the gallbladder. Restoring continuity differs between teams, and that of CHILD which is used the most.

The vessels of the hepatic pedicle are skeletonized to allow lymph node dissection, in particular the common hepatic artery, then the proper hepatic artery, the portal trunk and a possible right hepatic artery.

2. Clinical Image

A 60-year-old man with diabetes on insulin.

Admitted for Management of cholestatic jaundice related to tumor of ductus choledocus confirmed on CT, initially having undergone endoscopic drainage of the main bile duct followed by Cephalic duodeno-pancreatectomy.

Surgical exploration showed a right hepatic artery originating from the superior mesenteric artery which is respected (Figure 1).

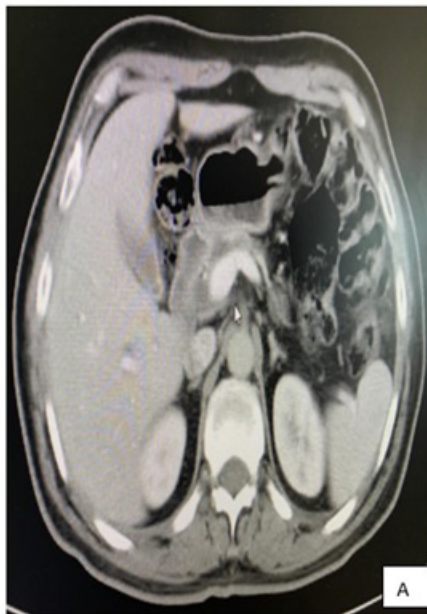


Figure 1A: CT scan show a right hepatic artery arising from the superior mesenteric artery (arrow)
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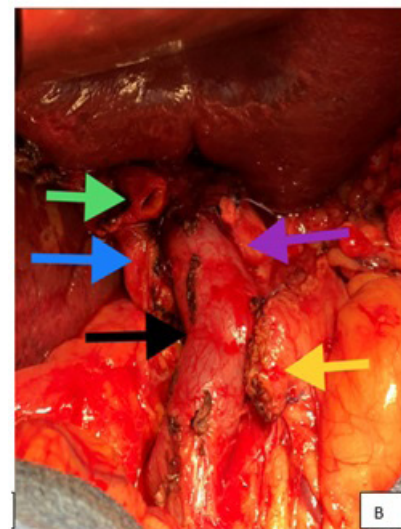


Figure 1B: image preoperative with: in blue: right hepatic artery; purple: left hepatic artery; green: the common bile duct; black: portal vein; yellow: isthmus of pancreas

3. Discussion

The Cephalic duodeno-pancreatectomy can have risks and difficulties, particularly arterial and venous.

In this article, we describe the case of the right hepatic artery arising from the superior mesenteric artery. This variant is found in 10 to 15% of cases, and complicates the Cephalic duodeno-pancreatectomy if it browses through the retro-portal lamina necessary for the margin resection R0 [1].

The attitude in front of his presence is:

Reconstruction (in the stump of the gastro duodenal artery or reconstruction via a venous graft in the common hepatic artery or the right renal artery)

A section ligation (with risk of hepatic ischemia)

Respect for this artery in the majority of cases [2].

4. Conclusion

This anatomical variant exists with a significant percentage, it should be taken into consideration in duodenopancreatic surgery and know the modalities to manage such a situation.

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