

Preservation of Endocrine Function after Central Pancreatectomy without Anastomoses for a Mid Gland Pancreatic Insulinoma: A Case Report

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Abstract : This abstract describes a case of central pancreatectomy (CP) for a 50-year-old woman with a neuroendocrine tumor in the mid-body of the pancreas. CP, a parenchyma-sparing surgical option, preserves the distal pancreas and spleen, reducing the risk of pancreatic endocrine and exocrine insufficiency compared to traditional resections. The patient, initially misdiagnosed with transient ischemic attack, presented with hypoglycemic symptoms and was found to have a pancreatic lesion. Post-operative results were positive, with a reduction in pancreatic drain volume and normalization of blood sugar levels. This case highlights CP's efficacy in treating centrally located pancreatic lesions while maintaining pancreatic function.

Keywords : central pancreatectomy without anastomosis, no endocrine deficiency on follow-up, less post-op hospital stay, less post-op complications

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