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Pancreatoduodenectomy – past, present and future

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Abstract
Pancreatico-duodenectomy represents one of the most important and complex surgical digestive procedure. Although rarely performed in the past, nowadays has become a routine surgery. Moreover, postoperative mortality significantly decreased (from over 30% to less than 5%), while the number of severe, life-threatening complications were reduced. This outcome was possible due to technical innovations acquired in time, and also due to a better per operative management of these patients, in tertiary surgical centers, with experienced operative teams. Some modifications of the standard procedure of resection, like posterior or artery first approach contributed to better results, facilitating en-block resection of the portal/ superior mesenteric vein, where needed. Moreover, posterior approach facilitates complete mesopancreas excision, involved in local recurrence after resection of pancreatic head adenocarcinoma. Regarding reconstruction after pancreatico-duodenectomy, there is no optimal type of anastomosis (pancreatico-gastrostomy vs pancreatico-jejunostomy), results being related mostly with the expertise of the operative team, as like the postoperative pancreatic fistula rate. Future studies are deemed to look on the real clinical impact of the total mesopancreas excision in achieving negative resection margins, decreasing local recurrence and increasing the long-term survival of patients resected for pancreatic head cancer.
Key words: pancreatectomy, technique, morbidity

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