

**Pancreatic Resection for Non-Renal Pancreatic Metastases
– Experience of a Single Surgical Center**

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Abstract

Introduction: Pancreatic metastases are rare tumors representing about 2-5% of pancreatic malignant conditions. The most common origin is renal cell carcinoma, while metastases with other (non-renal) origins are much rarer.

Patients and Method: Fifteen patients with non-renal pancreatic metastases were resected in our center. The postoperative immunohistochemical examination demonstrated their primary non-pancreatic origin. The patients were radiologically assessed and diagnosed with isolated metastatic or oligometastatic disease, which allowed pancreatic resection.

Results: Fifteen patients with various types of cancer (3 - colorectal, 3 - bile duct, 2 - uterine, 2 - retroperitoneal, 2 - melanomas, 2 - ovarian, 1 - pheochromocytoma) were included. Five metastases were synchronous and 10 were metachronous. Their location was cephalic – 9 patients and distal – 6. Standard pancreatic resections (9 pancreatico-duodenectomies and 4 distal splenopancreatectomies) were performed, as well as limited (2 central pancreatectomies). Twelve patients survived postoperatively; death occurred in 3 patients. Neoplastic recurrence occurred in 9 patients – resection was possible in two of them. Currently, only three patients are alive, without relapse.

Conclusions: Pancreatic resection for non-renal pancreatic metastases is indicated in certain selected cases, in the context of the multidisciplinary oncological approach.

Keywords: pancreatic metastasis, oligometastases, pancreatic resection, colorectal cancer, bile duct cancer, uterine cancer, retroperitoneal sarcoma, melanoma, ovarian cancer, pheochromocytoma