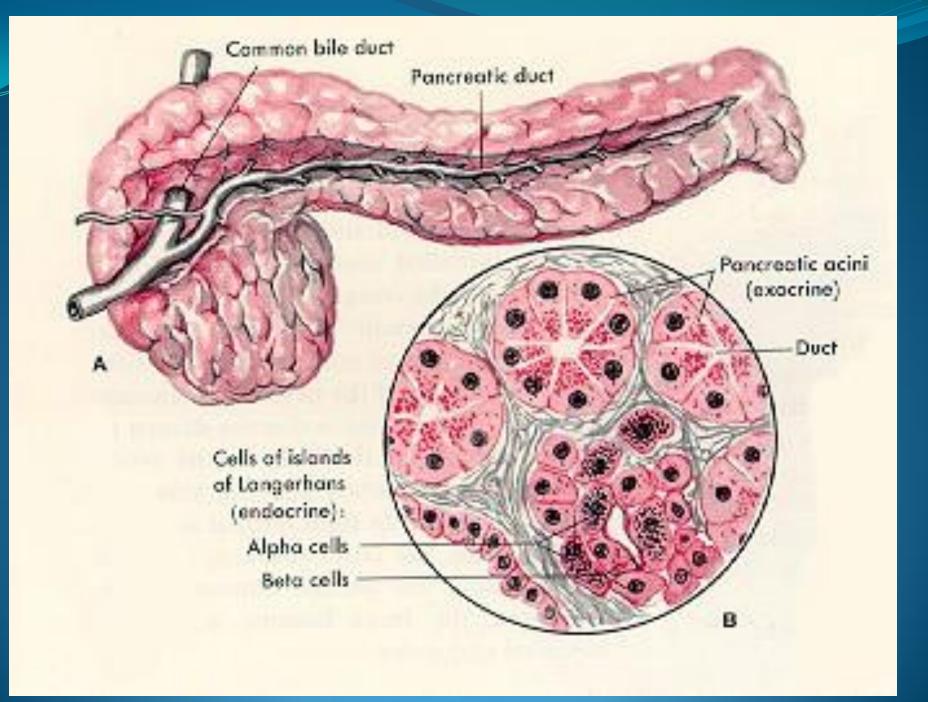
# The pancreas Pr. M. BILAL

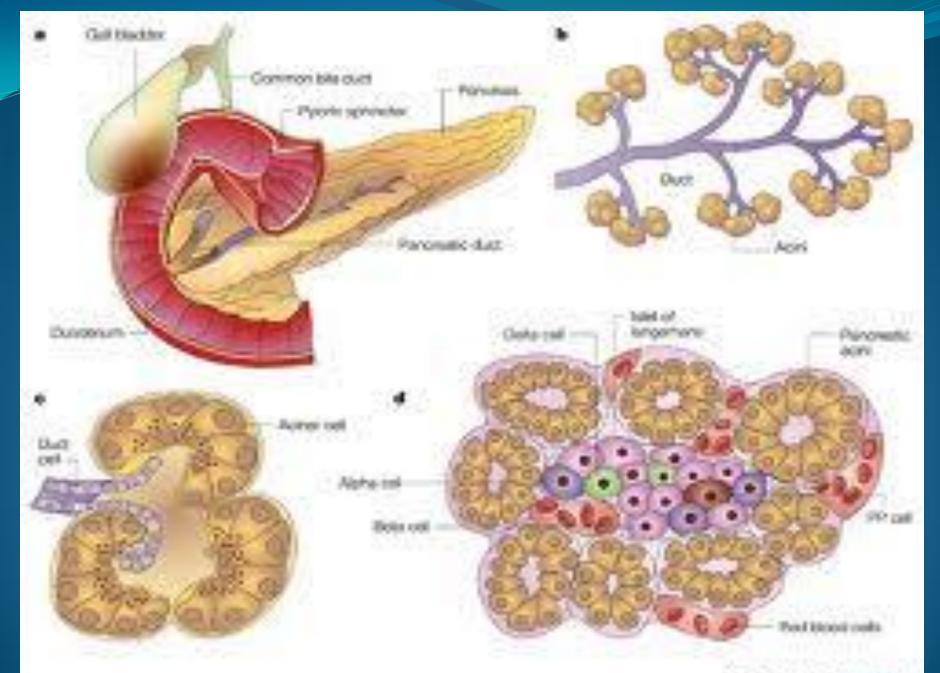


#### Pancreatic Neoplasms

#### **Exocrine tumors:**

**Benign tumors** of exocrine cell origin are rare and include:

acinar cell and ductular cell adenomas and connective tissue tumors such as hemangiomas, lymphangiomas , and desmoid tumors . serous cysadenomas (arising from acinar cells) and mucinous cystadenomas (arising from ductular cells), while histologically benign, are thought to have the capacity to degenerate into cystadenocarcinomas. large cystic lessions may resemble pseudocysts and are detected because of their increasing size.



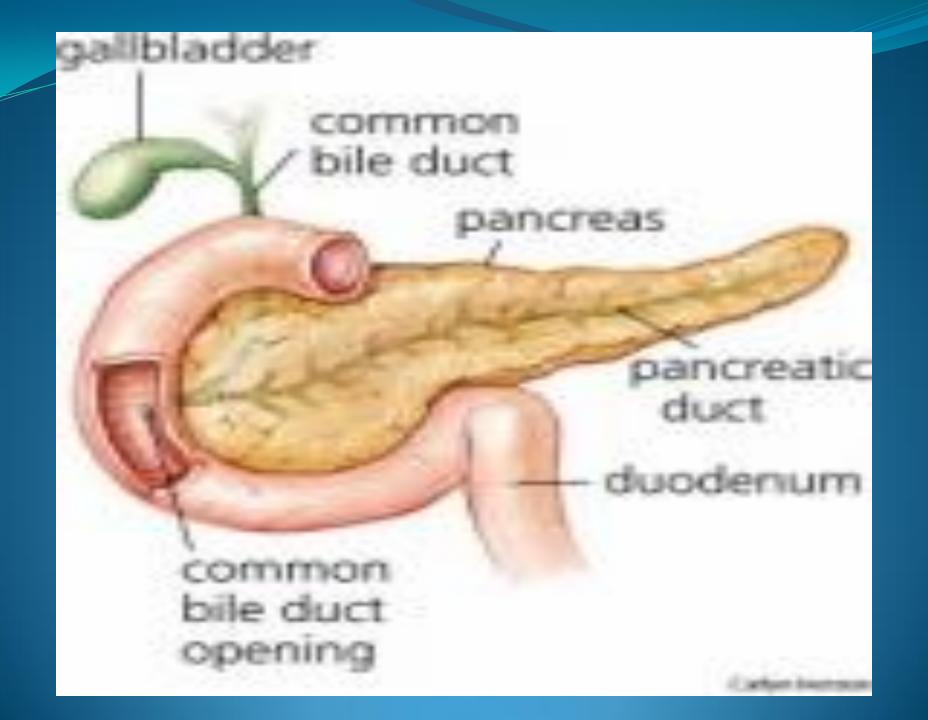
#### Pancreatic Neoplasms

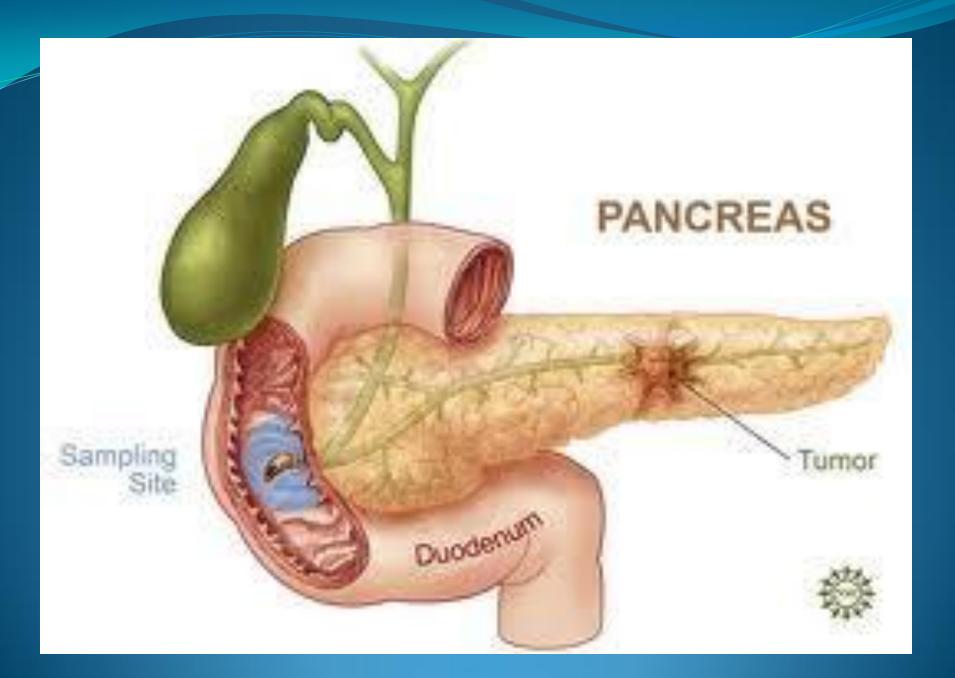
#### **Exocrine tumors:**

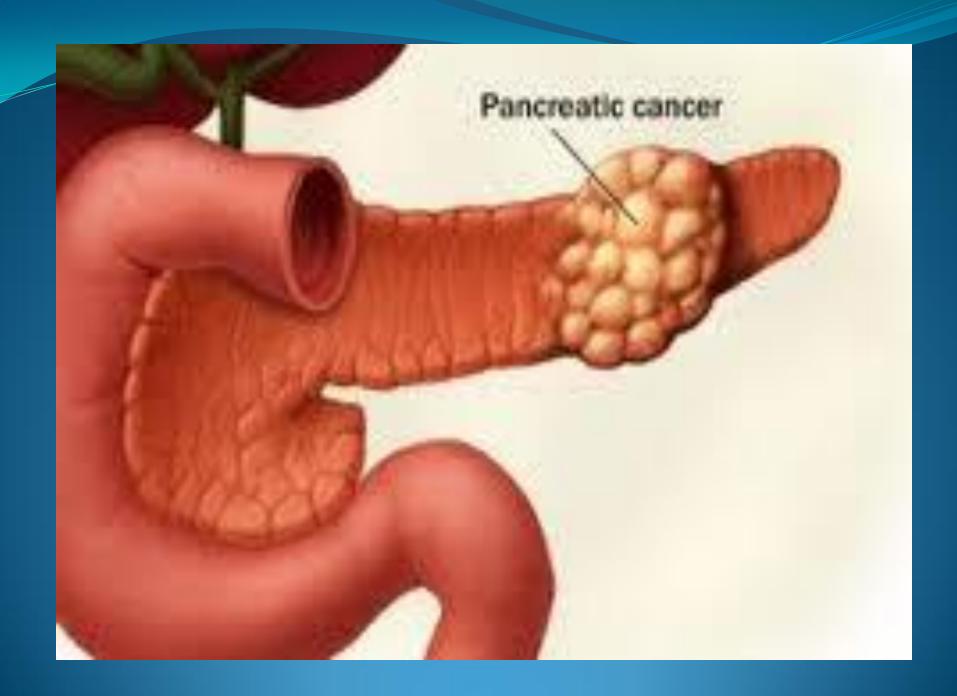
#### Malignant exocrine tumors include:

ductular, acinar cells, and connective tissue tumors the diagnosis of carcinoma is usually made from histologic examination of a biopsy or surgically resected specimen

specific tumor markers: CEA, POA, CA 19-9, DUPAN-2
Patients with pancreatic adenocarcinoma usually
manifest symptoms of weight loss and vague
abdominal discomfort and may present with
obstructive jaundice if the tumor arises in the head
of the pancreas.

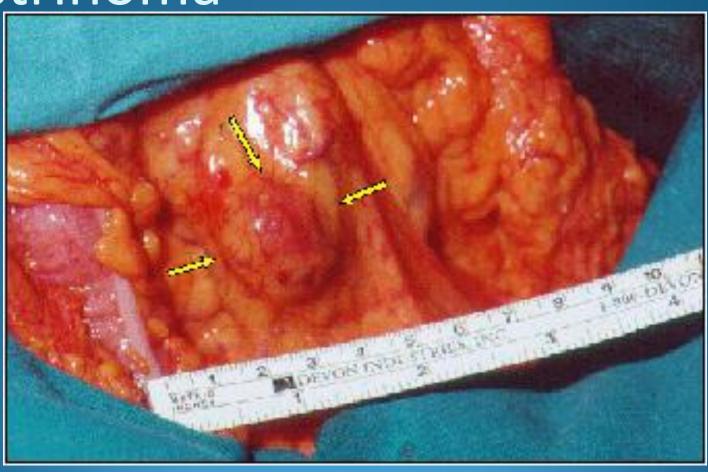






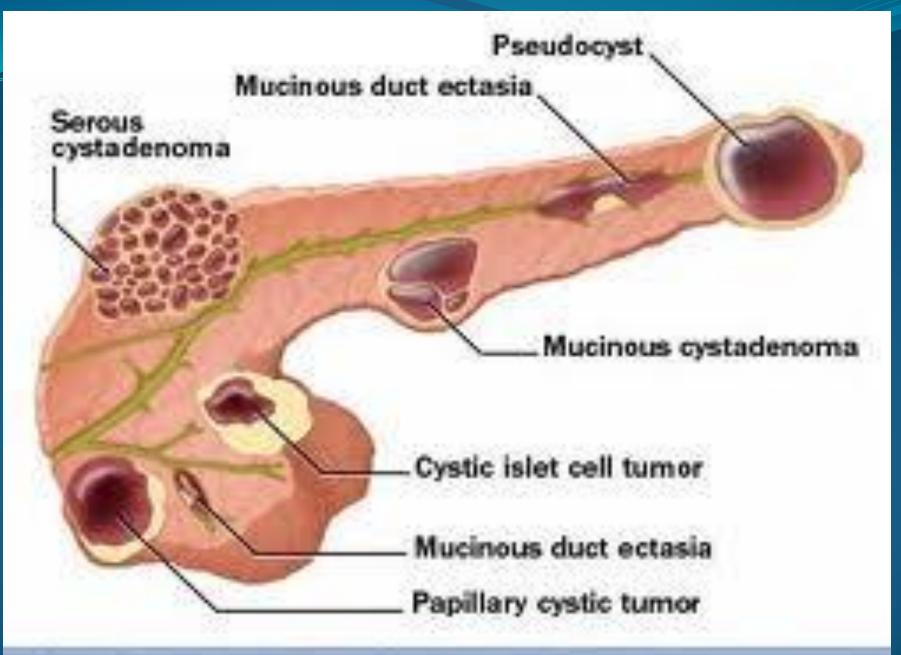


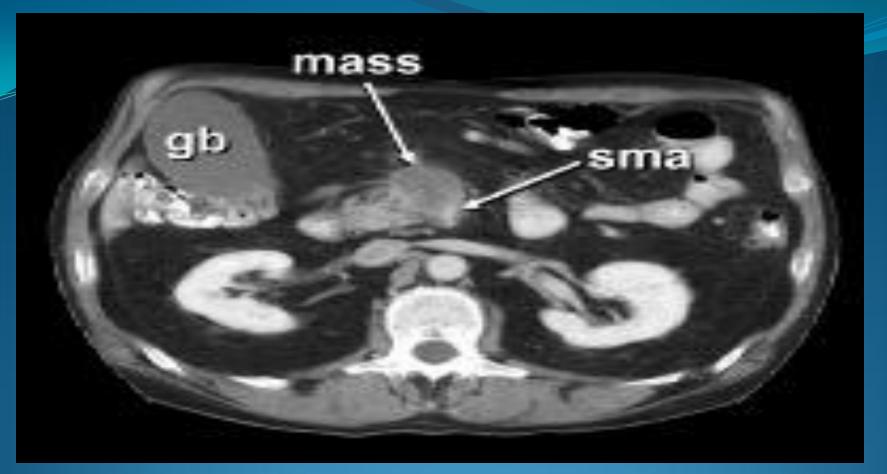
# Gastrinoma



#### Glucagonoma syndrome -- necrolytic

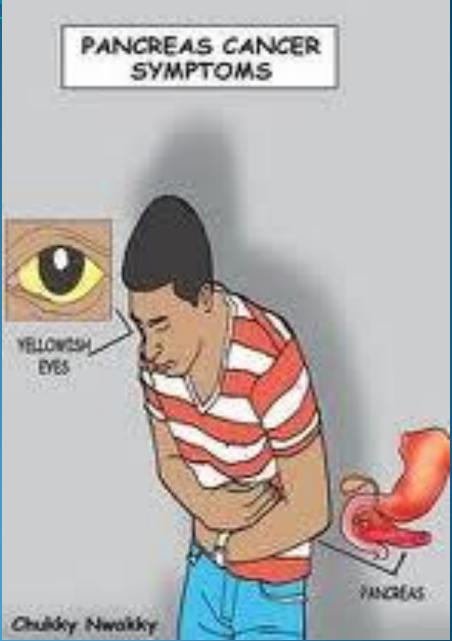






CTshowing a pancreatic adenocarcinoma of the pancreatic head. The gallbladder (gb) is distended because of biliary obstruction. The superior mesenteric artery (sma) is surrounded by tumor, making this an unresectable T4 lesion.





## Risk factors:



## Risk factors:



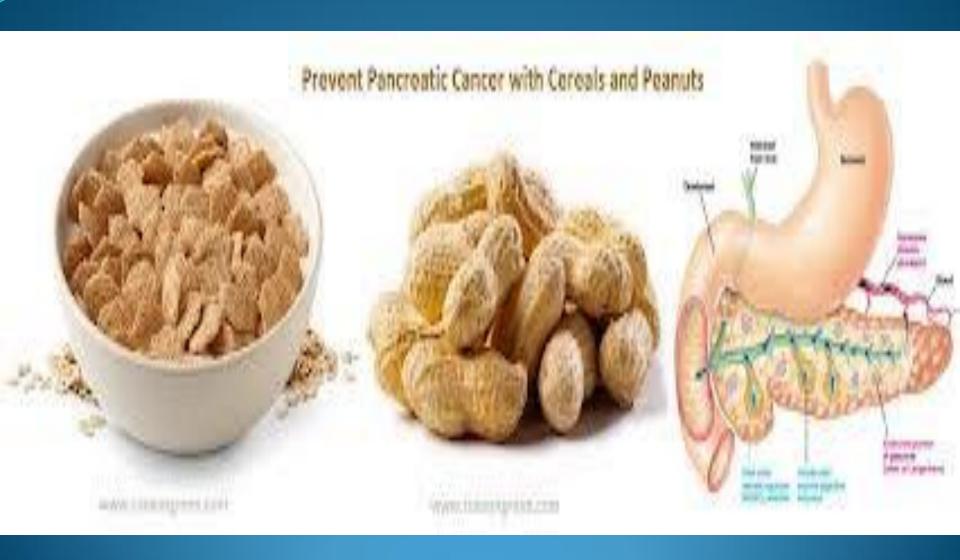
#### Risk factors





















Brugs Phore: Considéres aon



**Figure 23.4** Computed tomography of patient with large non-functioning tumor of tail of pancreas. Note area of cystic degeneration and hypodense areas of necrosis (arrows). This patient underwent a potentially curative resection of the tumor.





**Figure 23.7** (A) Large tumor in the tail of the pancreas with splenic vein obstruction and varices (arrows). This tumor was resected with negative margins. (B) Intraoperative picture of varices encountered at the time of resection (arrows).



**Figure 23.3** Location of 24 duodenal gastrinomas in patients with Zollinger–Ellison syndrome. Seventeen tumors were in the first portion, five were in the second, and two were in the third. (From Thorn et al.<sup>47</sup>)



#### Pancreatic Neoplasms

the tumor may be confirmed by contrast or scanning radiography

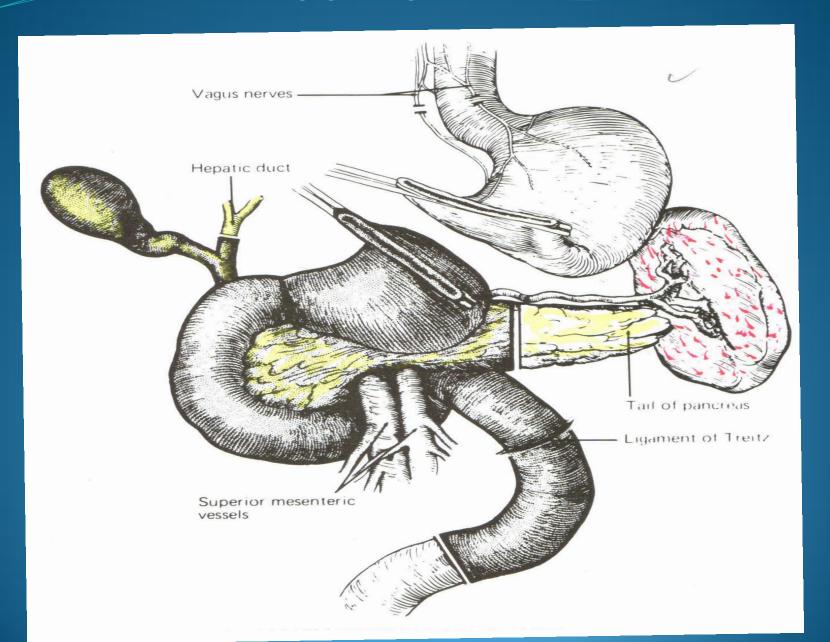
**ERCP** 

Arteriography surgical exploration

<u>Treatment</u>:

surgery

#### Whipple procedure



#### **Endocrine tumors**

**Benign lesions** of islet cell origin include disorders of hyperplasia, and adenoma formation.

insulinoma

**Gastrinoma** 

Glucagonoma

**Somatostatin** 

Water Diarrhea, Hypokalemia, and Achlorhydria

#### **Endocrine tumors**

Carcinoid syndrome

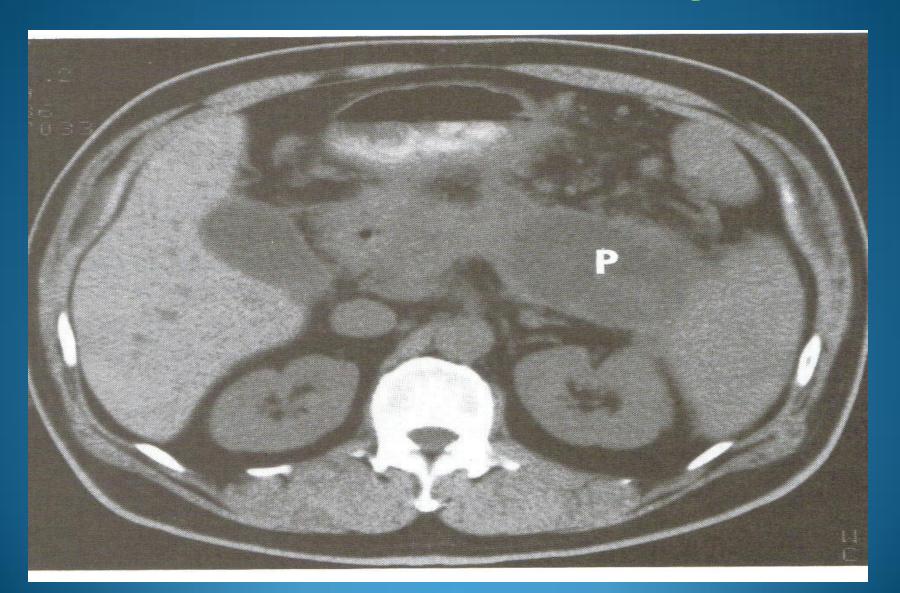
Miscellaneous syndromes

#### Pancreatic Pseudocysts

pancreatic pseudocysts occur in association with pancreatitis, cholelithiasis, and biliary tract disease, and as a result of blunt abdominal trauma

clinical manifestations of pancreatic pseudocysts include upper abdominal pain, tenderness, jaundice, and in some cases an epigastric mass. nausea and vomiting may occur. rarely, pancreatic ascites or a pancreatic pleural effusion is present.

# Pancreatic Pseudocysts



#### Pancreatic Pseudocysts

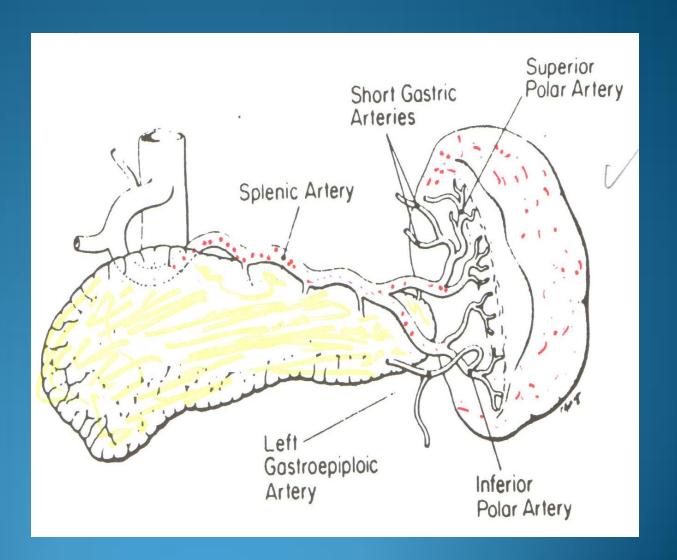
#### **Management:**

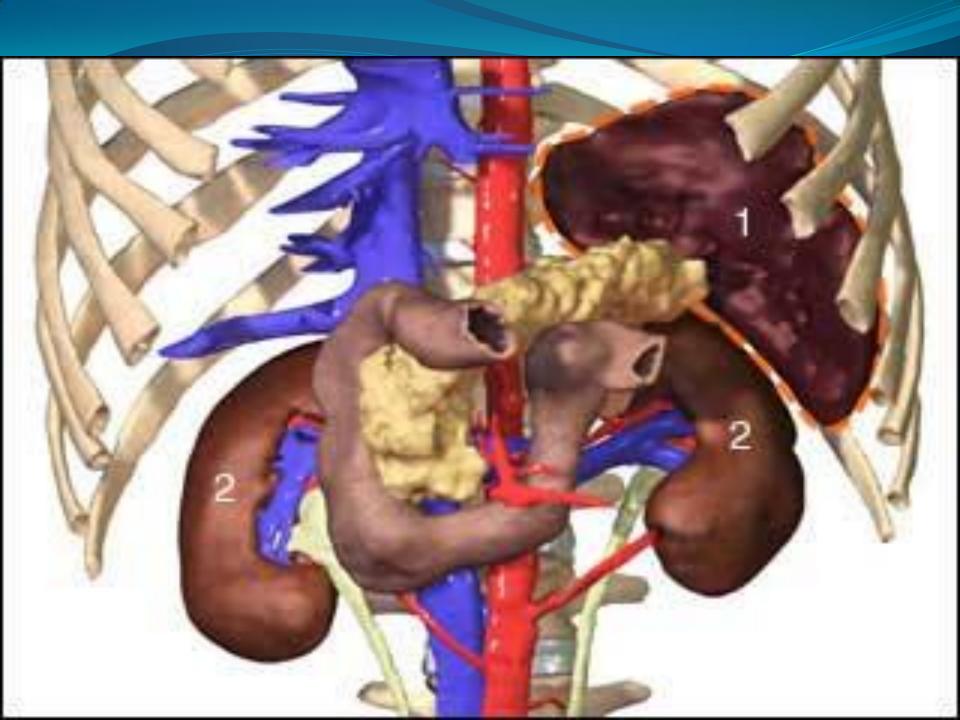
The management of pancreatic pseudocysts has previously been a choice between close observation and surgical drainage.

#### The spleen

**Anatomy** 

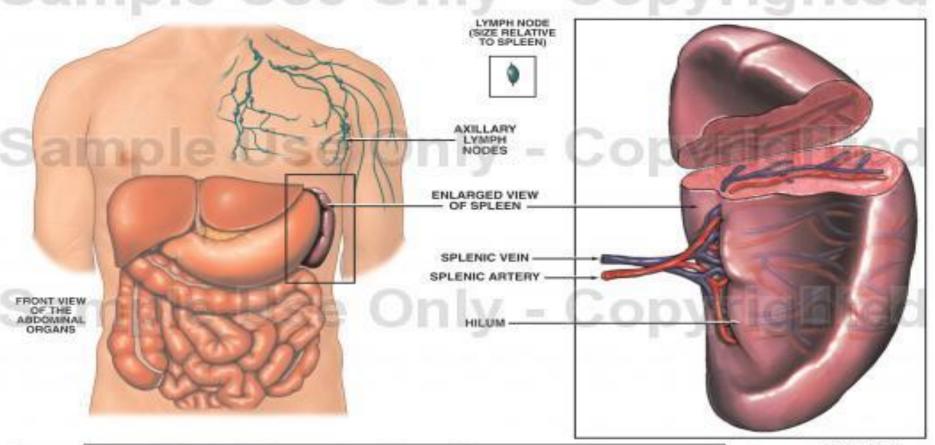
**Function** 





# Blood supply

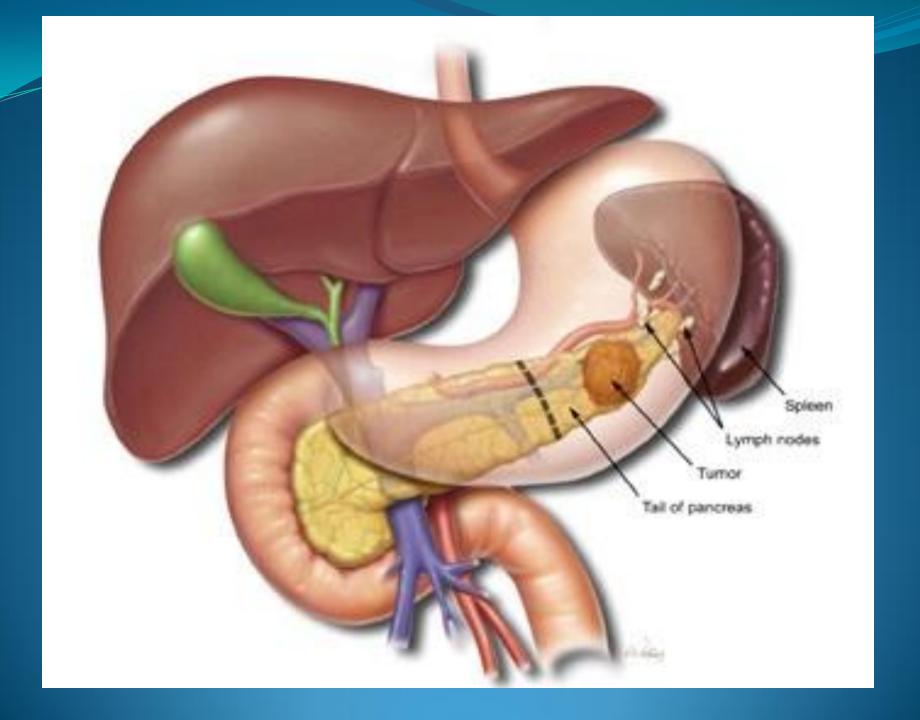
Anatomy of the Spleen



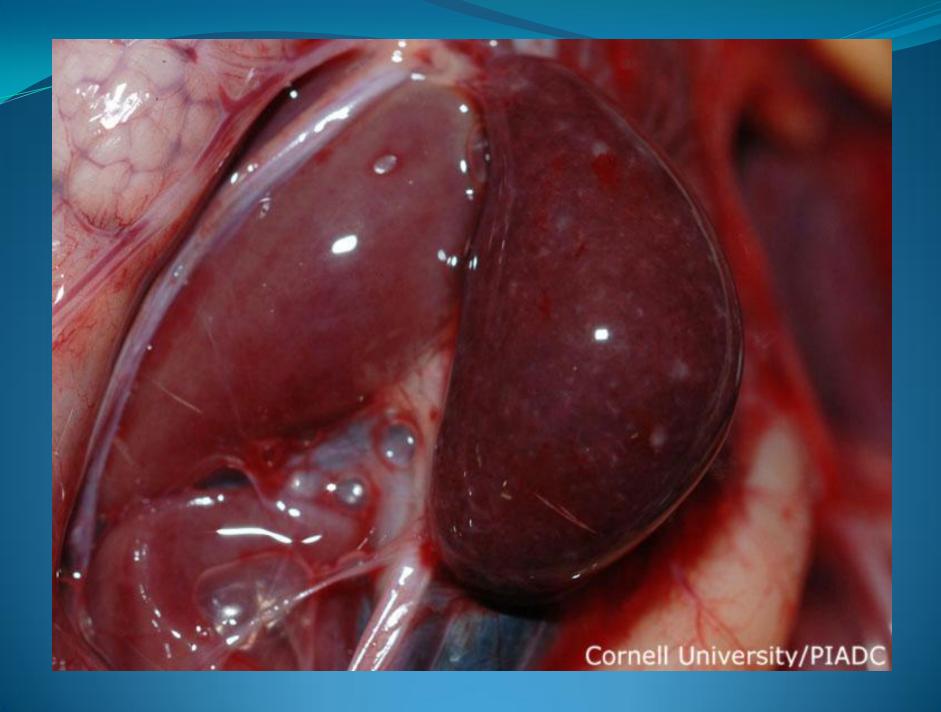
THE SPLEEN IS THE LARGEST ORGAN IN THE LYMPHATIC SYSTEM.

THE LYMPHATIC SYSTEM IS COMPOSED OF THE SPLEEN, LYMPH NODES, LYMPH VESSELS AND THE THYMUS GLAND. THIS SYSTEM HELPS THE BODY TO FIGHT INFECTIONS.

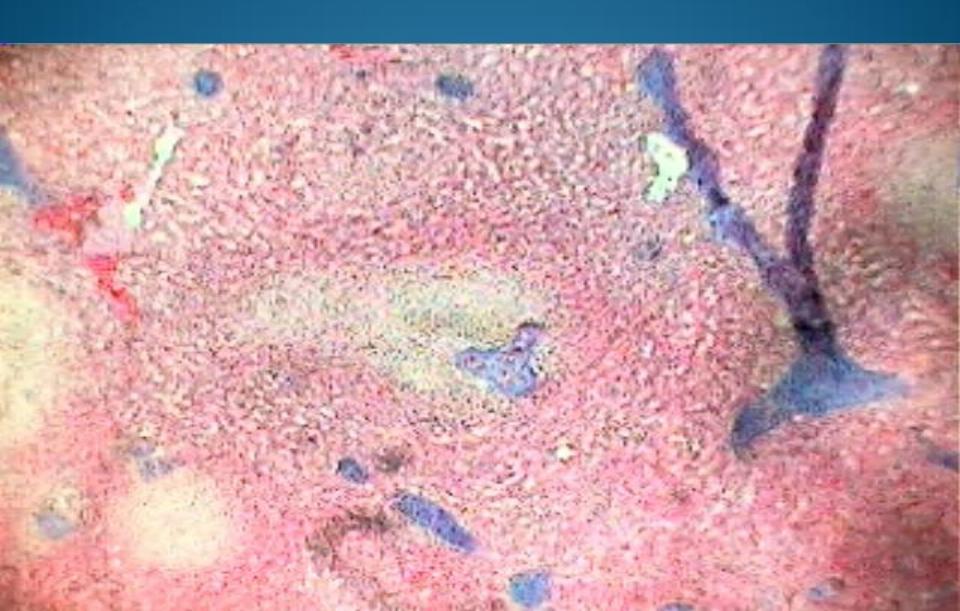
OF THE SPLEEN

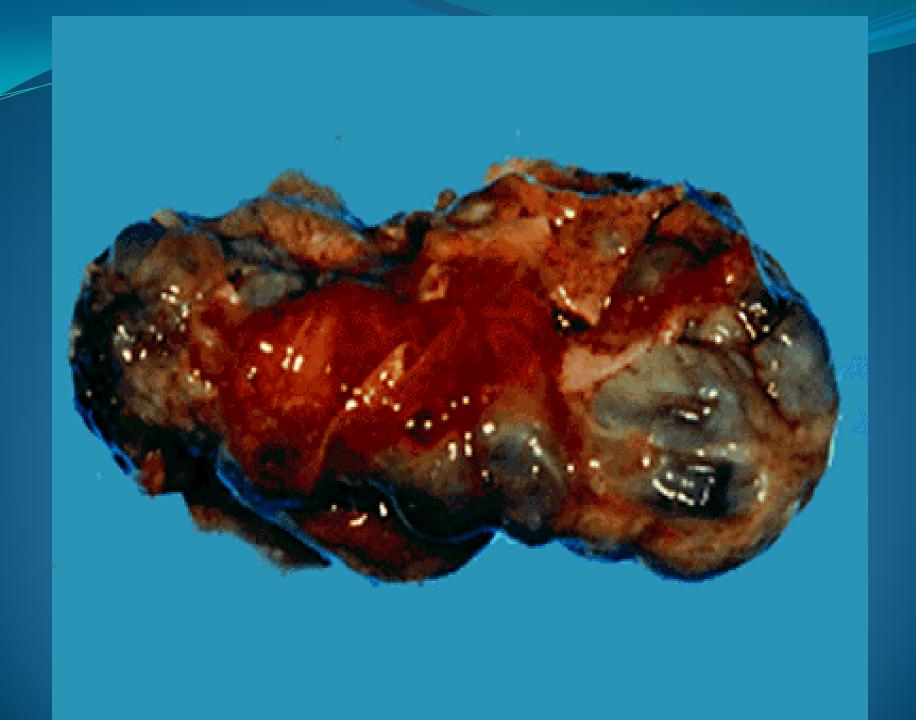






# histology







# splenomegally



## Indications for splenectomy

Trauma:

Immune thrombocytopenic purpura: thrombotic thrombocytopenic purpura:

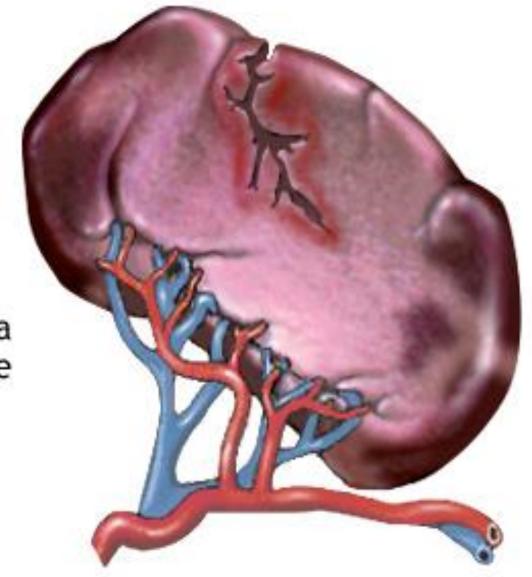
hypersplenism:

hodgkin's disease:

non hodgkin's lymphoma:

leukemias:

splenectomy for anemia:



Splenic trauma or disease



NORMAL

#### VISC ERAL LYMPHOMATOSIS



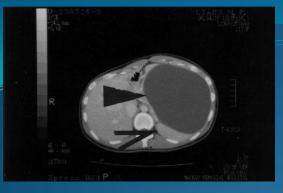


**Cornell University** 

# Splenic tumor







## Splenic Cysts

#### Nonparasitic

- Epithelium-lined cysts
- *Epidermoid cysts most common* 
  - Mostly asymptomatic
  - *Young children* + *young adults* 
    - *LUQ pain, N/V, early satiety*
- Dx: CTscan (+)unilocular +/- Ca++
  - **Complications**
  - Infection, bleeding, rupture
    - Tx: Splenectomy partial •

#### **Parasitic**

- 5% in US •
- Abroad *Hydatid disease*
  - Echinococcus granulosus
    - Mostly asymptomatic •
  - Associated with liver cysts
- If only spleen is involved?
  - Tx: Splenectomy

## Cysts and tumors of the spleen

Tumors of the spleen are rare

most primary cancers are of blood vessel origin, such as the angiosarcoma, lymphoma

the splenic capsule is frequently the site of metastases in patients with diffuse intraperitoneal gastrointestinal cancer.

Splenic cysts may be parasitic or nonparasitic

Pseudocysts are found much more frequently than true cysts and are usually the result of splenic infarctions and hematomas.

## Cysts and tumors of the spleen

The symptoms of all types of splenic cysts are similar, with vague left upper quadrant pain predominating due to associated splenomegaly and compression of adjacent abdominal viscera . once the etiology of these cysts has been determined by various radiologic studies, the treatment is usually internal surgical drainage. total splenectomy is indicated for most large cysts and those of undetermined etiology.

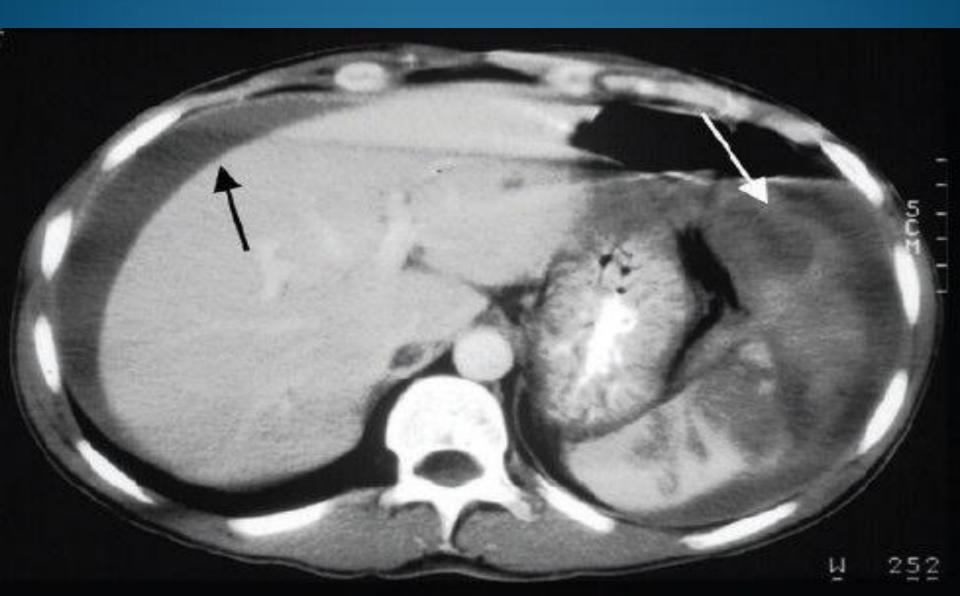
# Postsplenectomy sepsis and other complications

Atelectasis
pancreatitis and subphrenic abscess
Thrombocytosis
Sepsis

streptococcus pneumoniae occurs in approximately half of patients, with haemophilus and meningococcus species

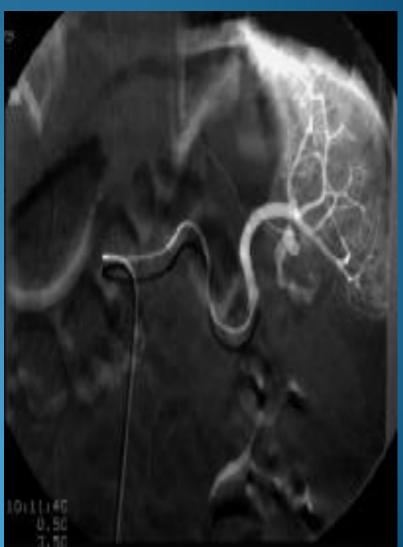
A 2- or 3 year course prophylactic antibiotics is usually given to young children following splenectomy to guard against H.influenzae as well as pneumococcus during this very vulnerable period.

## CT scan of splenic and liver trauma



# CT and Angiogram of splenic vein thrombosis





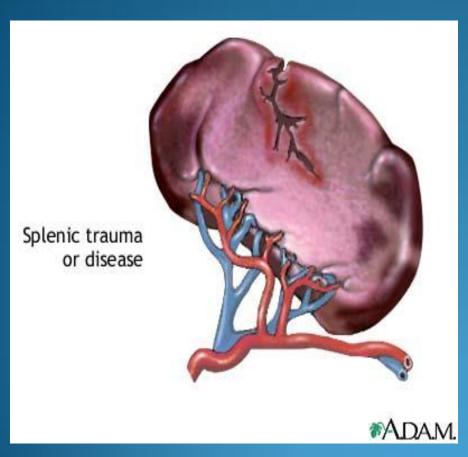
### A CT scan was performed and showed a splenic cyst





## Nonoperative Management of Splenic Trauma

Indications for initial nonoperative management



- hemodynamic stability
  - absence of peritonitis
    - CT scan
- No contrast extravasation
- absence of other injuries
- Transfusions >2 PRBC's •

### Protocol for Nonoperative Management

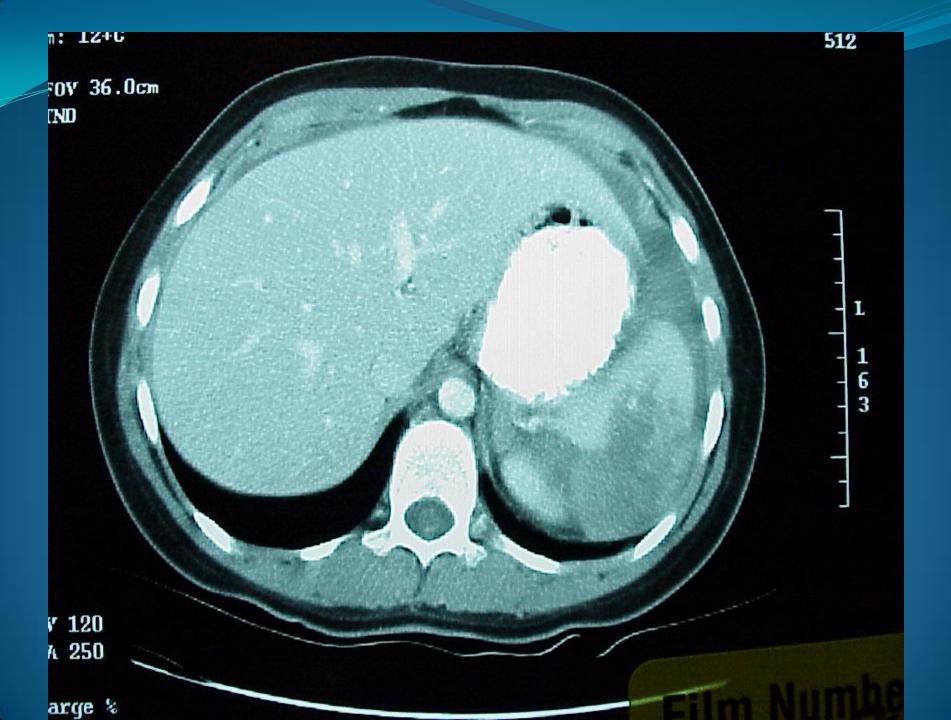
#### Grade I & II

- Awake + alert, isolated injury
  - monitored observation
- BR, H/H q6h, serial abdominal exams
  - Regular floor in 48º
- If remain stable and asymptomatic D/C in 5 days
  - F/U CT scan in 4 wks
- Avoid prophylactic and therapeutic heparinization



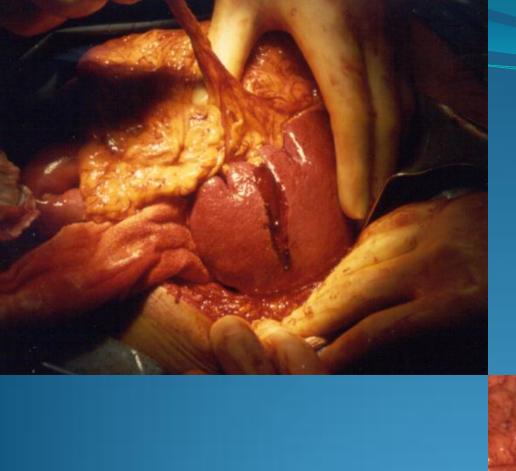
#### Grade III, IV, & V •

- Monitored observation x5 days
  - Repeat CT scan
  - Transfer to floor if stable
- F/U CT scan in 6-8 wks after discharge



# Splenorrhaphy

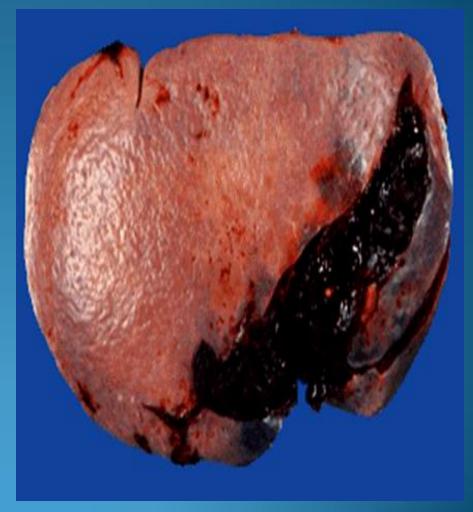






## Spleen Laceration

- External lateral view of a spleen.
  - Notice the normal slate-gray color of the spleen.
- Towards the right of this specimen, extending from the very top diagonally across to the bottom of the specimen, is a large tear in the capsule of the spleen, exposing the pulp.
- Splenic lacerations are common in automobile accidents and are particularly common if the spleen has undergone enlargement due to some reason.



# CT scan of splenic abscess

