

MEETING ABSTRACT

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# Case study of pancreas-preserving enucleation in the treatment of isolated pancreatic metastases of renal cell carcinoma

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## Background

Pancreatic metastases are rare, accounting for 2.8% of cases in RCC, occurring as a result of haematogenous spread to the pancreas. High affinity of some renal cancer cells for the pancreatic parenchyma present solely as isolated pancreatic metastases.

Literature reviews have highlighted that aggressive surgery for isolated pancreatic metastasis has been shown to increase 5 year survival rates unto 60%; particularly nephrectomy & metastasectomy with adjuvant therapy.

The objective of this case study was to identify the benefits of pancreas-preserving enucleation in treatment of isolated pancreatic RCC metastases over traditional pancreatic resections.

## Report

Patient X was identified as a candidate for this case report.

Mr X. is a 77 year old fit and healthy male, presented with 2 day history of frank haematuria & weight loss of 3kg over 6 months with no associated fever, flank pain or dysuria. CT KUB revealed lobulated soft tissue density in the right kidney, suspicious for a tumour. Further staging investigations of CT TAP demonstrated a small enhancing nodule in pancreatic body confirmed as pancreatic metastasis with EUA FNA. The patient subsequently underwent Open Right Radical Nephrectomy with Enucleation of Pancreatic Metastasis.

## Discussion

Comparisons drawn between Pancreas-sparing Enucleations and standard resection (Complete Pancreatectomy)

explore variations in surgical challenges & post-operative complications. While there has been no difference in morbidity and recurrence noted compared to complete pancreatectomy; there has been significant reduction in post-operative diabetes mellitus.

## Conclusions

Pancreatic resections are associated with high rates of morbidity and mortality. A reduction in operative risk following pancreatic surgery have been demonstrated, in recent times. As such, Pancreas-sparing Enucleation & Enucleo-resection has been considered a worthy option. Preservation of pancreatic tissue allows for better quality of life without diabetes mellitus.

## Consent to publish

The patient had signed a written consent for publication of this abstract on Pancreatic Metastases.

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## References

1. Nerli RB: Cytoreductive nephrectomy for metastatic renal cell carcinoma. *Journal of the Scientific Society* 2013, **40**(2):64-67.
2. Pantuck AJ, Belldegrun AS, Figlin RA: Cytoreductive Nephrectomy for Metastatic Renal Cell Carcinoma: Is It Still Imperative in the Era of Targeted Therapy? *Clin Cancer Res* 2007, **13**(2 Pt 2):693s-696s.
3. Youssif TA, Tanguay S: Nephrectomy is necessary in the treatment of metastatic renal cell carcinoma. *Can Urol Assoc J* **4**(1):65-67.
4. Zerbi A, Pecorelli N: Pancreatic metastases: An increasing clinical entity. *World J Gastrointest Surg* 2010, **2**(8):255-259.
5. Bassi C, Butturini G, Falconi M, Sargenti M, Mantovani W, Pederzoli P: High recurrence rate after atypical resection for pancreatic metastases from renal cell carcinoma. *Br J Surg* 2003, **90**(5):555-559.

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6. Sellner F, Tykalsky N, De Santis M, Pont J, Klimpfinger M: **Solitary and Multiple Isolated Metastases of Clear Cell Renal Carcinoma to the Pancreas: An Indication for Pancreatic Surgery.** *Ann Surg Oncol* 2006, **13**(1):75-85.
7. Thompson LD, Heffess CS: **Renal cell carcinoma to the pancreas in surgical pathology material.** *Cancer* 2000, **89**(5):1076-1088.
8. Flanigan R, Mickisch G, Sylvester R, Tangen C, Van Poppel H, Crawford E: **Cytoreductive Nephrectomy in Patients With Metastatic Renal Cancer: A Combined Analysis.** *J Urol* 2004, **171**(3):1071-1076.
9. Ballarin R, Spaggiari M, Cautero N, De Ruvo N, Montalti R, Longo C, et al: **Pancreatic metastases from renal cell carcinoma: The state of the art.** *World J Gastroenterol* 2011, **17**(43):4747-4756.
10. Yazbek T, Gayet B: **The Place of Enucleation and Enucleo-Resection in the treatment of Pancreatic Metastasis of Renal Cell Carcinoma.** *JOP* 2012, **13**(4):433-438.
11. Konstantinidis IT, Dursun A, Zheng H, Wargo JA, Thayer SP, Fernandez-del Castillo CR, et al: **Metastatic Tumors in the Pancreas in the Modern Era.** *J Am Coll Surg* 2010, **211**(6):749-753.

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