

What is the Value of Total Mesopancreas Excision in Pancreatic Ductal Adenocarcinoma? Current Evidence of the Literature

Irinel Popescu^{1,2}, Traian Dumitrascu^{1,3}

¹“Dan Setlacec” Center of General Surgery and Liver Transplantation, Fundeni Clinical Institute, Bucharest, Romania

²“Titu Maiorescu” University, Bucharest, Romania

³“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Abstract

Pancreatic ductal adenocarcinoma (PDAC) is a disease with a grim prognosis. Pancreatectomy represents the single hope for long-term survival in a patient with PDAC. Recurrence is a common event after curative-intent surgery for PDAC, mainly related to incomplete removal at the site of resection margins; medial/ superior mesenteric margins are the most often positive. The concept of total mesopancreas excision (TMpE) in PDAC was proposed in analogy to the concept of total mesorectal excision for rectal cancer, to better control loco-regional recurrence. This paper aims to discuss the current evidence for the value of TMpE in PDAC.

Key words: pancreatic ductal adenocarcinoma, pancreatectomy, mesopancreas, total mesopancreas excision, recurrence, survival