DUODENAL LAPAROSCOPIC AND ENDOSCOPIC CO-OPERATIVE SURGERY FOR SUPERFICIAL NON-AMPULLARY DUODENAL EPITHELIAL TUMORS

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Duodenal laparoscopic and endoscopic co-operative surgery (D-LECS) achieved 94% en bloc resection and zero delayed complications in 35 patients with superficial non-ampullary duodenal epithelial tumors.

KEY POINTS

- D-LECS combines laparoscopic tissue dissection, endoscopic submucosal dissection, and laparoscopic suturing of the post-resection ulcer, with endoclips and polyglycolic acid sheets added for pancreatic-side lesions.
- En bloc resection was achieved in 94% (33/35) and R0 resection in 83% (29/35) of cases, with median resected specimen diameter 40 mm and median tumor diameter 27 mm.
- No delayed perforation or bleeding occurred; intraoperative perforation occurred in 8% (3/35) and was managed laparoscopically.
- During median 13-month follow-up, no local or metastatic recurrence was observed; two T1bSM2 cases underwent pancreaticoduodenectomy with no residual tumor or lymph node metastasis.
- This technique may be relevant for endoscopists and surgeons managing large duodenal epithelial tumors where endoscopic closure alone is difficult.

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