Endoluminal Ultrasound of Neoduodenum Following Pancreas-Preserving Total Duodenectomy for Familial Adenomatous Polyposis

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ABSTRACT

Context Familial adenomatous polyposis affects around 2-3-10 per 100,000 population. Untreated, it inevitably leads to colon cancer. Prophylactic panproctocolectomy has led to improved survival. The resulting extension to follow-up has revealed that 70-100 per cent of patients with familial adenomatous polyposis go on to develop duodenal polyposis and the lifetime risk of duodenal carcinoma in this group is up to 10 per cent. Treatment for those not locally resectable requires pancreaticoduodenectomy. In recent years, pancreas-preserving total duodenectomy has emerged as a safe alternative. Endoscopy has previously been safely performed in patients following pancreas-preserving total duodenectomy. Case report We report successful endoscopic ultrasound (EUS) assessment and trans-neoduodenal EUS-guided fine needle aspiration biopsy (EUS-FNA) of the pancreas and adjacent tissue in a 45 year-old man with familial adenomatous polyposis who has previously undergone pancreas-preserving total duodenectomy. EUS confirmed the mass was most likely to represent a metastasis in a local lymph node. EUS-FNA confirmed invasive malignancy. A Kausch-Whipple pancreaticoduodenectomy was performed successfully and post-operative recovery has been excellent. Conclusion The authors consider this to be the first report of successful EUS and EUS-FNA performed through the neoduodenum fashioned during pancreas-preserving total duodenectomy.