

Laparoscopic Resection of A Metastatic Duodenal Paraganglioma in an Adolescent

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Pancreas-sparing duodenectomy in pediatric patients is a relatively uncommon occurrence, and this unfamiliarity can be associated with significant morbidity and potential mortality. The proportion of duodenum among anatomic distribution of extra-adrenal paragangliomas is estimated to be 6%, and most of these are duodenal gangliocytic paraganglioma (GP). However, distinguishing duodenal paraganglioma from duodenal GP should be confirmed definitively because of implications for risk for malignancy and genetic testing. GP is a ganglioneuroma originating in the hindgut, mostly affecting the second portion of the duodenum.

Laparoscopic duodenal segmental resection appears to be safe and feasible in children with duodenal paraganglioma, and an organ-preservation operation can be successfully performed if there is no local invasion. Due to high risk for tumor recurrence even after complete resection without residual disease, comprehensive surveillance might be necessary.

Received February 20th, 2021 - Accepted February 24th, 2021

Keywords Pancreas

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