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Glycemic control and clinic evolution of the total pancreatectomized patient in neoplasia papillary intraductal mucinous

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The total pancreatectomy is indicated in pancreas cancer when there is no precise free margin or when two or more segments of pancreas it is involved. However, the biggest obstacle for this preceding is the loss of endocrine and exocrine natural function that the organ has. The logical consequence is the hormonal metabolic decontrol (with hyperglycemic and hypoglycemic peaks) and an impaired function of the digestion and the absorption. Thus, the patient usually uses insulin and exogenous enzymes for all his life. The literature discourages such type of surgery because of the high morbimortality level, beside the posterior side-effects of the post-operative time. Still count, the poor description of this side-effects (metabolic decontrol and desorption), with scant information in the medical literature. However, this case report shows a 66 male patients, who was admitted to the infirmary of the Surgical Clinic I of the Federal Hospital Bonsucesso - Rio de Janeiro, Brazil in February 2013 that was diagnosed 2 years ago with neoplasia papillary intraductal mucinous in pancreas. It was realized Whipple plus total pancreatectomy plus splenectomy. The authorevolves using only with diary NPH insulin, do not needing exogenous enzyme for up today.

Observation: We sent the summary of the scientific working directed by Dr. Flávio Antônio de Sa Ribeiro, who is our Teacher and tutor in UNIFESO and works in Surgeon Department in the Bonsucesso Federal Hospital-RJ Brazil.

Biography

Mariana Casali Gondim has completed Medicine at the UNIFESO – Centro Universitário Serra dos Órgãosin Teresopolis- Rio de Janeiro and the student internship in the Federal service Bonsucesso Hospital in the city of Rio de Janeiro.

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