

Pancreatic Adenocarcinoma and Neuroendocrine Tumors – Same Localization and Yet Such Different Surgical Tactics †

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Abstract: The incidence of pancreatic neuroendocrine tumors (pNET) varies between 2.5-5 cases per 100,000 inhabitants, less frequent than pancreatic ductal adenocarcinomas (PDAC) and representing approximately 0.46% of all neoplasia. However, the development of the means of endoscopic exploration and imaging has led to an increase in the incidence in the last 30 years, most of them being diagnosed incidentally. From the surgical tactics point of view, there are significant differences in approach between PDAC and pNET. If, in the first case, the surgical approach is standardized by guidelines, with neoadjuvant chemotherapy playing an important role, in the second case, the main goals to be achieved are the resection of the primary tumor and metastases, the improvement of symptoms, as well as the limitation of tumor growth in advanced cases. The work follows the parallel in the surgical strategy in the two types of tumors, especially regarding the preservation of the spleen, the minimally invasive approach *versus* the open one, the laparoscopic *versus* the robotic approach, and the occurrence of postoperative pancreatic fistula in the two cases. We present here the case of a patient previously operated of prostate adenocarcinoma that was incidentally diagnosed during the oncological follow-up with a caudal pancreatic tumor - a well-differentiated pNET, for which we performed in our clinic a minimally invasive - laparoscopic spleno-pancreatectomy. In conclusion, although pNETs and PDACs may have the same location, they are very different entities that require accurate diagnosis and personalized treatment, discussed in a multidisciplinary team. If, in the case of PDACs the patient could benefit from systemic neoadjuvant treatment, in the case of pNETs, surgical treatment is the first line of treatment, and the minimally invasive approach offers oncological results comparable to the open one.

Keywords: pNET; neuroendocrine tumors; pancreatic ductal adenocarcinoma; PDAC; minimally invasive surgery; robotic surgery.

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Conflicts of Interest

The authors declare no conflict of interest.