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# Intraoperative interventions using ultrasonography in determining surgical treatment in patients with pancreatic cancer

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**Topic:** The problem of diagnosing pancreatic cancer is widely discussed in medical literature worldwide. Modern requirements for diagnosing different diseases are based on the principles of morphological verification. Material for such research can be obtained by transabdominal ultrasonography (TAUS) guided biopsy and intraoperative ultrasonography (IOUS).

**Aim:** To define the significance of TAUS and IOUS in assessing the resectability of pancreatic cancer.

**Tasks:** Visualization of the tumor and investigate the involvement of blood vessels. Use of fine needle aspiration (FNA) biopsy either preoperatively or intraoperative. All patients underwent sonographically guided FNA biopsy for morphological verification.

**Materials and methods:** In a group of 27 patients with pancreatic cancer 2 were diagnosed with neuroendocrine tumors, 23 patients with adenocarcinomas of the pancreatic head and 2 patients with adenocarcinomas of the body of the pancreas. Preoperatively all patients underwent TAUS guided FNA biopsy with further cytological examination. We carried out IOUS of the pancreas, mesentery of the small intestine, stomach, duodenum, spleen,the aortic region and liver and performed a FNA biopsy.

**Results: From** a total of 27 operations, 8 were explorative laparotomies due to undiagnosed peritoneal dissemination and tumor encasement of blood vessels. Pancreatoduodenal resection was carried out in 17 patients. Distal pancreatectomy in 2 patients and biliodigestive anastomosis was created in 8 patients with findings of inoperable cancer.

**Conclusions:** The method of TAUS doesn't always determine the stages of disseminated cancer but allows preoperative morphological verification. IOUS helps in determining tumor borders, level of encasement of the blood vessels, morphological verification of the tumor and the volume of surgical interventions.

**Key words**
TAUS, IOUS, morphological verification, FNA biopsy

 