

Call for Abstracts – Deadline: 31.05.2012 (24.00)

**Einreichung in Englisch UND Deutsch (nur elektronisch an über die Homepage).
www.aco-asso.at/jahrestagung2012/abstract**

- **Instructions for authors/Hinweise für Autoren**

Please follow the instructions for abstracts submission (mandatory):

1. **Presentation title: provide a complete title (limit 120 characters)
In English and in German.**
2. **Full name and address of all authors: please underline the presenting author**
3. **University/institute/department**
4. **E-mail address of the presenting author**
5. **Address of the presenting author (city, zip code, country, phone, fax)**
6. **Text abstracts: limited to 200 words! Do not use abbreviations, tables, foot notes or references.**

The following sections are desired:

- **Background**
- **Patients/methods**
- **Results**
- **Conclusions**

7. **Five Keywords**
8. **Words**

Category: Oral presentation - Poster - Oral presentation/poster

Topic: thyroid – parathyroid – adrenal – GI neuroendocrin

Example

Laparoscopic management of neuroendocrine tumors of the pancreas: our experience on 23 consecutive patients

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Background: Endocrine pancreatic tumors could be approached in laparoscopy either for radical resection thanks to their small size and low aggressiveness either to obtain adequate tissue to measure the proliferative index in order to establish further treatments.

Patients and methods: From 2002 to 2006 all patients undergone to laparoscopy in order to resect or biopsy an endocrine tumor were prospectively evaluated as regard as indication, pre-operative staging, operative management, postoperative outcome and follow up.

Results: 23 consecutive patients were operated on. 7 distal pancreatectomies spleen preserving, 7 enucleations 5 splenopancreatectomies and 4 biopsies were performed. Conversion rate was 4%. Postoperative mortality was nihil. Pancreatic fistula developed in 5 cases (22%). Reoperations were 3 (11%) laparoscopically performed. The histological diagnosis according to WHO 2000 was insulinoma in 12 cases, non functioning endocrine carcinoma and neoplasms in 7 and 4 patients respectively. Follow up data are available for all patients. Among radical resections no patient experienced a disease recurrence.

Conclusions: Laparoscopic approach is ideal either for endocrine small functioning and non functioning tumors either to obtain adequate tissue samples to measure the proliferative index while for endocrine carcinoma it still remains debatable because of local invasion and major vessels infiltration.

Keywords: Endocrine tumors, pancreas, laparoscopy, proliferative index

Words: 197

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