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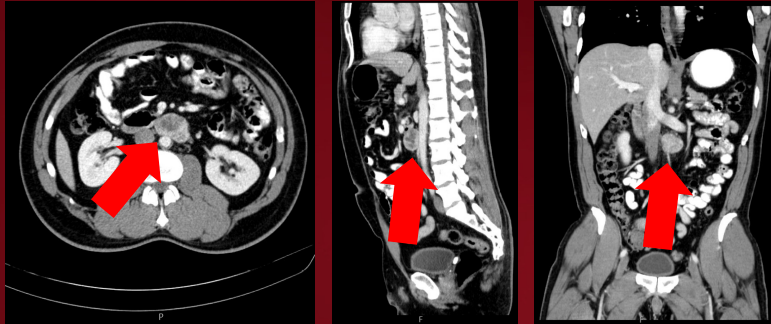
Robotic-Assisted Excision of Para-Aortic Paraganglioma

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History and Workup

41 year-old male with HTN on Lisinopril with worsening epigastric abdominal pain

- No other relevant PMH, PSH, FHx

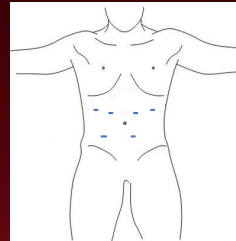


- Imaging showed RP mass anterior to aorta, abutting D3
- EUS with neuroendocrine cells
- Plasma, urine metanephrines elevated

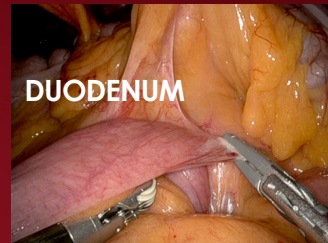
Preoperative Management

- Doxazosin started, titrated to 5mg daily
- PO Nicardipine added
- Preop admission for hydration, BP monitoring

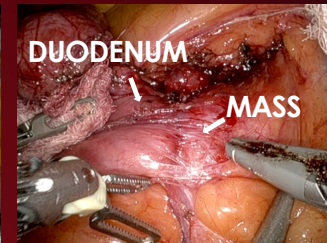
The Operation



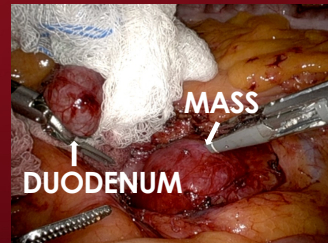
- Supine
- Reverse Trendelenberg
- 4 robotic ports
- 2 assist ports



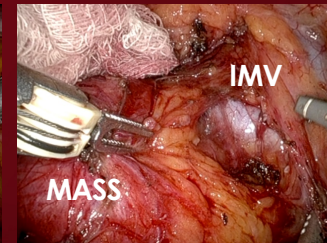
Duodenum mobilized at LOT



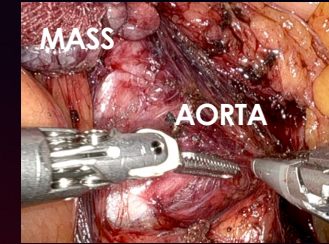
Mass freed from posterior duodenum



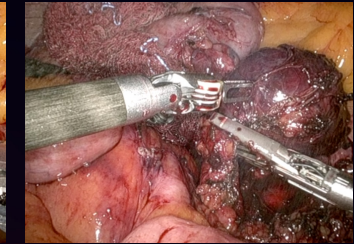
Ray-tec used to protect duodenum



Mass dissected from IMV



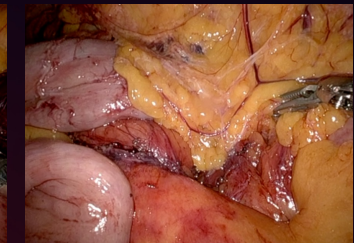
Dissection off aorta



Removal of mass



60mm linear stapler across pedicle



Omentum placed in resection bed

Postoperative Recovery

- No hypertensive events intraoperatively
- Path: Paraganglioma, KI-67 <1%, 0/4 + LN
- Genetic testing negative
- Discharged POD1 on no BP meds
- Remained off BP meds at 6-week follow-up

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