Pancreaticoduodenectomy (Whipple) and distal pancreatectomy (DP) operations are the preferred methods for indications ranging from benign inflammatory conditions to malignant neoplasia. Pathological examination of both Whipple and distal pancreatectomy materials requires special attention to correctly evaluate many important prognostic factors. In this study, we aimed to present the pathology results of 41 Whipple and distal pancreatectomy materials evaluated retrospectively over six years of period. Methods: A total of 41 Whipple procedure and distal pancreatectomy materials, both benign and malignant, which were evaluated in the Istanbul Ekin Private Pathology Laboratory between January 2010 and January 2016 were included in the study. Results: Out of the 41 cases, 10 (24.4%) showed DP and 31 (75.6%) showed Whipple; 22 (53.6%) of the cases were male and 19 (46.4%) were female, and the mean age was 59.8 years. Six (14.6%) cases were benign and 35 (85.4%) were malignant. Of the 35 malignant cases, 15 were female and 20 were male; the mean age was 60.44 years. In terms of localization, 6 (17.1%) of the tumors were localized to the ampulla, 7 (20%) to the pancreas distal, 2 (5.7%) to the duodenum, and 20 (57.2%) to the pancreas head. Conclusion: In pancreatic carcinoma cases that are treated with either Whipple or DP, macroscopy should be assessed pathologically, and the entire piece should be diligently sampled. By doing so, parameters fundamentally affecting the survey, such as tumor type and lymph node status will be evaluated more accurately. In addition, rate of resection in benign lesions can be slightly reduced by performing FNAB with ERCP or EUS to the masses detected by imaging in the preoperative period.

Aggravation of the pancreas is known as pancreatitis, with regular causes including constant liquor use and gallstones. As a result of its job in the guideline of glucose, the pancreas is likewise a key organ in diabetes mellitus. Pancreatic malignant growth can emerge following interminable pancreatitis or because of different reasons, and conveys a helpless anticipation, as it is frequently recognized when it has spread to different zones of the body. The pancreas is an organ that in people lies in the midsection, extending from behind the stomach to one side upper mid-region close to the spleen. In grown-ups, it is around 12–15 centimeters (4.7–5.9 in) long, lobulated, and salmon-shaded in appearance. Anatomically, the pancreas is isolated into a head, neck, body, and tail. The pancreas extends from the internal bend of the duodenum, where the head encompasses two veins: the prevalent mesenteric conduit, and vein. The longest piece of the pancreas, the body, extends across behind the stomach, and the tail of the pancreas closes nearby the spleen. Two pipes, the fundamental pancreatic conduit and a littler adornment pancreatic pipe, go through the body of the pancreas, getting together with the basic bile pipe almost a little swelling called the ampulla of Vater. Encircled by a muscle, the sphincter of Oddi, this opens into the diving some portion of the duodenum.

The top of the pancreas sits inside the arch of the duodenum, and folds over the predominant mesenteric conduit and vein. To the privilege sits the sliding piece of the duodenum, and between these movement the predominant and second rate pancreaticoduodenal corridors. Behind rests the mediocre vena cava, and the regular bile channel. In front sits the peritoneal layer and the transverse colon. A little
uncinate process rises up out of beneath the head, arranged behind the prevalent mesenteric vein and some of the time supply route. The neck of the pancreas isolates the top of the pancreas, situated in the ebb and flow of the duodenum, from the body. The neck is around 2 cm (0.79 in) wide, and sits before where the entryway vein is framed. The neck lies generally behind the pylorus of the stomach, and is secured with peritoneum. The foremost prevalent pancreaticoduodenal vein goes before the neck of the pancreas. The body is the biggest piece of the pancreas, and for the most part lies behind the stomach, tightening along its length. The peritoneum sits on head of the body of the pancreas, and the transverse colon before the peritoneum. Behind the pancreas are a few veins, including the aorta, the splenic vein, and the left renal vein, just as the start of the unrivaled mesenteric conduit. Beneath the body of the pancreas sits a portion of the small digestive tract, explicitly the last piece of the duodenum and the jejunum to which it interfaces, just as the suspensory tendon of the duodenum which falls between these two. Before the pancreas sits the transverse colon. The pancreas limits towards the tail, which sits close to the spleen. It is ordinarily between 1.3–3.5 cm (0.51–1.38 in) long, and sits between the layers of the tendon between the spleen and the left kidney. The splenic supply route and vein, which additionally goes behind the body of the pancreas, go behind the tail of the pancreas.