tehnologice pentru a adapta managementul bolii la idiosincraziile individuale ale pacientului, fără a omite factorul uman important și necesar.

STATE-OF-THE-ART IN PANCREATIC CANCER SURGERY

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Pancreatic surgery, in recent years, has undergone a significant leap. At present, morbidity and mortality have improved substantially. In order to obtain favorable results, a series of activities are necessary, which have been optimized and standardized, especially in the one regarding intraoperative technique and tactics and the development of ERAS (Enhanced Recovery After Surgery). Operative technical progress, improved anesthesia, and the application of evidence-based perioperative care have contributed to advances in safe pancreatic surgery. All these advances have allowed us to perform more aggressive operations, such as multi-visceral resections and vascular resections, with promising results among well-selected cases.
A key element in current pancreatic surgery concerns the study of the pathophysiology and prediction of postoperative morbidity. In particular, specific posnpancreatectomy complications, such as delayed gastric emptying, pancreatic fistula, biliary fistula, or hemorrhage, are crucial moments affecting patients' quality of life, length of hospital stay, and quality of life.
Important advances have also been noted in the medical oncology of pancreatic cancers. Neoadjuvant treatments for patients with borderline or locally advanced resectable pancreatic cancer have shown interesting and promising results.
The current period is interesting to work in the field of pancreatic surgery, where technology (for example, robotics, artificial intelligence, indocyanine green fluorescence or augmented reality) will further develop treatment methods and help the surgeon to achieve the maximum possible results. Going forward, perhaps the biggest challenges will be to incorporate all the technological tools to tailor disease management to the individual patient's idiosyncrasies, without omitting the important and necessary human factor.

DIFICULTATI SI CONTROVERSE IN DUODENOPANCREATECTOMIILE DESCHISE

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Duodenopancreatectomia cefalopancreatica este o procedura intricata, ce necesita o inalta precizie datorita proximitatii structurilor vitale, sustinuta prin expertiza. O data cu evolutia chirurgiei si aparitia de instrumente inovatoare, mortalitatea a scazut sub 5%, dar morbiditatea a ramas la 30%, in special datorita fistulelor de anastomoza si a evenimentelor hemoragice. In acest sens, chirurgia deschisa confera rezultate mai bune, cu o curba de invatare rezonabila. Cu atat mai mult, cu cat efectuarea de trialuri clinice este dificila in acest domeniu, atat in chirurgia deschisa, cat si minim invaziva, pentru a obtine evidente valoroase, astfel subiectul ramane unul de dezbatere.

CHALLENGES AND CONTROVERSIES IN OPEN PANCREATODUODENECTOMIES

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Whipple procedure is intricate and demands high precision due to the proximity of critical structures, which requires an achieved expertise. With the innovative instruments and evolution of surgery, the perioperative morbidity still stands at 30% with a mortality lower than 5%, primary because of anastomotic leaks and haemorrhagic events. Therefore open surgery provides better outcomes with a decent learning curve. Furthermore, it is challenging to conduct clinical trials in the field of pancreatic surgery both open or minimally-invasive to obtain high-level evidence, remaining a subject open to debate.