

axillary nodes, one may argue that sentinel node mapping should only be done for tumours less than 1 cm in dimension, since it is only in this subgroup that a positive finding would alter the treatment plan. This question remains unanswered, but it behooves all surgeons to ask whether or not ALND will alter patient management before embarking on this costly procedure, which may cause serious morbidity.

References

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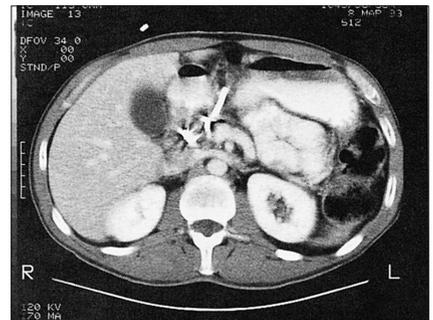
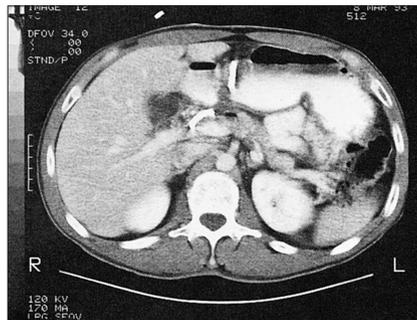
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SESAP Question / Question SESAP

ITEM 270

A 27-year-old man underwent celiotomy for blunt abdominal trauma. Injury to his duodenum and pancreas was noted and his postoperative course was complicated by development of a pancreatic pseudocyst. This was drained percutaneously, but drainage at the rate of 500 mL/day has persisted over the last three months. The last pancreatogram is shown.



The appropriate therapy would now be

- (A) continued observation
- (B) Roux-en-Y loop to the drainage tract
- (C) low-dose radiation therapy
- (D) distal pancreatectomy
- (E) endoscopic retrograde cholangiopancreatogram and dilatation

For the incomplete statement above select the one completion that is BEST.

For the critique of item 270 see page 376.

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