

**EP165****OUTCOMES OF TOTAL MESOPANCREAS EXCISION IN
PATIENTS WITH CARCINOMA HEAD OF PANCREAS WITH
PANCREATICODUODENECTOMY**

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Introduction : Retro pancreatic invasion is a major concern in pancreatic head carcinoma. Posterior resection margin has been recognized as risk factor for disease recurrence and hence patient survival. In pancreaticoduodenectomy, with total mesopancreas excision, more posterior resection margin is achieved and hence locoregional recurrence rate is lowered and survival is prolonged.

Methods : This study was a hospital-based, prospective, interventional study starting from November 2018 to June 2020, at Hepatobiliary and Pancreatic Surgery Department, Yangon Specialty Hospital. There were 27 patients with resectable carcinoma head of pancreas patients in this study. In all patients, pancreaticoduodenectomy with total mesopancreas excision was done and the outcomes such as posterior resection margin clearance rate, mesopancreas lymph node involvement by tumor, locoregional recurrence rate and survival rate were analyzed.

Results : Posterior resection margin clearance was achieved in 70.37%. On the average 4 mesopancreas lymph nodes were removed and mesopancreas lymph node involvement by tumor was seen in 37% of patients with high positivity ratio; 100% positivity ratio in half of mesopancreas lymph node involved patients. Postoperative complications were seen in 30% of study population including perioperative mortality. POPF was seen in 7.4%, PPH was seen in 14% and the perioperative mortality rate was 14.8%. No locoregional recurrence was found, but one case of liver metastasis developed at postoperative 6th month. This study's half year overall survival rate was 85.2% and half year recurrence free survival rate was 84.6%.

Conclusions : With total mesopancreas excision, posterior resection margin clearance was achieved in 70% with mesopancreas lymph node involvement in 37%.

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