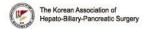
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Organ preserving pancreatic resections offers better long-term conservation of pancreatic function at the expense of significantly high perioperative major morbidity- A fair trade-off for benign or low malignant potential pancreatic neoplasms

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Introduction: Standard pancreatic resections often remove excess pancreatic parenchyma than required for tumors of low malignant potential (LMP) or benign neoplasms. We aimed to compare short and long-term outcomes following organ-ppreserving pancreatic resections (OPPAR) and standard pancreatic resections (SPR).

Methods: Data was collected from a prospectively maintained database of patients who underwent OPPAR or SPR for benign or LMP pancreatic tumors from January 2011 to January 2020 at Tata Memorial Hospital.

Results: 40 and 110 patients were identified in OPPAR and SPR groups respectively. The mean surgery duration (277 vs 339 mins, p-0.006) and mean blood loss (602 vs 937 ml, p-0.01) were significantly lower in patients who underwent OPPAR. Although the overall morbidity (57.5% vs 43.6%, p-0.13) was comparable, the major morbidity (42.5% vs 20.9%, p-0.008), post-operative pancreatic fistula (POPF) (65% vs 33.6%, p-0.001) and clinically relevant POPF (42.5% vs 19.1%, p-0.004) were significantly higher in OPPAR. After a median follow up of 29 months the post operative endocrine insufficiency (10% vs 15.5%, p-0.39), exocrine insufficiency (20% vs 0%, p-0.002) and requirement of long-term pancreatic enzyme replacement (18.2% vs 0%, p-0.004) were higher in SPRs. Left sided SPRs had higher endocrine insufficiency (17.1% vs 11.2%, p-29) and right sided SPRs had higher exocrine insufficiency (20% vs 8.6%, p-0.04)

Conclusions: OPPAR should be considered for treatment of benign tumors and tumors of LMP with favorable features. Although the incidence of post-operative major morbidity and POPF is higher with OPPAR than standard resections, there appears to be long term functional benefit.

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