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Total gastrosplenectomy with distal pancreatectomy for local advanced gastric adenocarcinoma.**Erkin ASHIMOV¹**, Nikolay KISELEV¹, Hayk TORGOMAYN^{1,2}, Vladimir ZAGAINOV¹¹*Faculty surgery and transplantation, Privolzhsky Research Medical University of the Ministry of Health of the Russian Federation, Russia*²*Oncology, Volga District Medical Center of the Federal Medical and Biological Agency of Russia, Russia*

Introduction : Surgical treatment the main option for local advanced gastric adenocarcinoma (LAGA). For tumors with invading on body and tail of pancreas, distal pancreatectomy (DPE) may be necessary to achieve negative margin resection (pR0). The aim of this study was to evaluate the short- and long-term outcomes of total gastrosplenectomy (TGSE) + DPE vs TGSE for LAGC.

Methods : The retrospective analysis of patients who underwent TGSE+DPE and TGSE between January 2017 and December 2019 years in the Volga District Medical Center. The resection margin, postoperative complications, overall survival outcomes were analyzed.

Results : 94 patients who underwent total gastrosplenectomy with or without distal pancreatectomy for LAGA were enrolled (72 TGSE and 22 TGSE-DPE). Histopathologic final analysis of TGSE+DPE group confirmed invasion (pT4b) in 63,6%. pR1 resection was in 13,6% vs 2,8% in TGSE group (p=0,082). Clavien-Dindo grade IIIb were observed 9,1% vs 4,2% (p=0,023). The 1-year overall survival rate were 40,9% in TGSE+DPE vs 90,3% in TGSE (p<0.001)

Conclusions : Total gastrosplenectomy with distal pancreatectomy was associated with high pR1 resection and postoperative complications; patients should be carefully selected because long-term survival remains poor.

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