AB116. P090. Preliminary results with laparoscopic pancreatoduodenectomy: a comparative series with open procedure in a single center

Omero da Costa Filho, Marcelo Lontra, Jose Olijnyk

Military Hospital of Porto Alegre (HMAPA), Rio Grande do Sul, Brazil

Background: Laparoscopic pancreaticoduodenectomy (LPD) has been demonstrated to be feasible and may have several potential advantages over open pancreaticoduodenectomy (OPD), including lower blood loss and shorter hospital stay. However, the safety and oncologic performance have not yet been conclusively determined. This study aims to directly compare the 90 days outcomes of laparoscopic pancreatoduodenectomy (LPD) and open pancreatoduodenectomy (OPD) in in a single institutional with periampullary neoplasia.

Methods: We reviewed data for all patients undergoing LPD (N=8) or OPD (N=16) in *intention* to treat settings for periampullary lessons at our institution between January 2015 and July 2017.

Results: The median duration of postoperative hospital stay was longer for OPD than for laparoscopy 11.6 (range, 5–35) *vs.* 15.8 (range, 6–39) days respectively. Duration of operation was longer in the laparoscopy group (352.5 *vs.* 331.8 min, P=0.943). Blood loss was greater in the open group mean. Number of nodes retrieved and R0 rate were similar in the two groups. There was no difference between the open and laparoscopic groups in delayed gastric emptying, pancreatic fistula, or post-pancreatectomy haemorrhage. Overall complications (according to the Clavien-Dindo classification) were worst em OPD. There were 3 deaths in OPD.

Conclusions: Minimally invasive pancreaticoduodenectomy are feasible, safe, and oncologically equivalent alternatives to open pancreaticoduodenectomy. Minimally invasive operations have the advantage of the less blood loss, but totally laparoscopic procedures last longer than open procedures.

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