

AB117. P092. Safety of intraoperative pancreatoscopy for the investigation of main pancreatic duct involvement and assessment of skip lesions in operated main duct (MD) involving IPMNs: a feasibility study

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Background: Current management of main duct (MD)-involving intraductal papillary mucinous neoplasm (IPMN) is driven by intra-operative frozen section. However, data regarding the clinical utility of this approach are discordant. In fact, frozen section of pancreatic resection margin can't detect skip lesions within MPD and this might imply incomplete resections and short term recurrences after resection. Peroral pancreatoscopy is a promising tool to investigate the MPD but is technically highly skill demanding and therefore difficult to use on a large scale. The application of intraoperative pancreatoscopy might be able to bypass this problem but data about its safety are

currently lacking. This study aims to assess the safety of intraoperative pancreatoscopy.

Methods: Retrospective cohort analysis of patients undergoing surgical resection for MD-involving IPMN. All indications for surgery were decided according to the European Guidelines for the management of pancreatic cystic tumors. Data about characteristics of patients, type of surgery, mortality and length of hospital stay, overall complications and procedure related preoperative complications (pancreatitis, perforations) were recorded.

Results: From 2015 to 2016 22 patients, 10 (45%) male, median age 67 (45–82 years) underwent surgical resection for MD-involving IPMN and intraoperative pancreatoscopy. Overall complications were reported in 9 (40%) of patients. 1 patient (4.5%) underwent reoperation for incisional hernia, 1 (4.5%) developed pancreatic fistula, 2 (9%) had GI bleeding requiring endoscopy. None of the patients developed procedure related morbidity and mortality. The mean length of hospital stay was 15.36 days.

Conclusions: Intraoperative pancreatoscopy in the investigation of IPMN patients with dilated MPD is a feasible and safe procedure.

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