

## AB119. P095. Organ preserving pancreatectomy for pancreatic benign or low-grade malignant tumor: a report of 66 cases in a single institution

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**Background:** To explore the clinical value of organ preserving pancreatectomy in the treatment of benign or low-grade malignant pancreatic tumor.

**Methods:** The clinical data of 66 patients with pancreatic benign or low-grade malignant tumor underwent organ preserving pancreatectomy from January 2009 to December 2016 were retrospectively analyzed, including 34 tumor enucleation, 10 middle segmental pancreatectomy, 13 spleen-preserving distal pancreatectomy, 6 pylorus preserving pancreaticoduodenectomy and 3 duodenum-preserving pancreatic head resection.

**Results:** The mean operative time was (163.6±77.4) min. The mean intraoperative blood loss was (234.4±242.7) mL, and the mean postoperative hospital stay was (11.3±8.1) d. The incidence of overall complications, pancreatic fistula, bleeding, abdominal infection and delayed gastric emptying were 36.3%, 25.8%, 1.5%, 6.1% and 3.0%, respectively. There had no reoperation and death. Excluding patients with insulinoma, the incidence of postoperative new-onset diabetes mellitus was 3.1%. The incidence of requiring pancreatic enzyme replacement therapy was 1.5%. All patients had no recurrence or metastasis with the mean follow-up period of 47.2 months.

**Conclusions:** Organ preserving pancreatectomy can maximally preserve the pancreatic parenchymal and adjacent organs, avoid the excessive loss of pancreatic endocrine and exocrine functions, and preserve the function of spleen. It should be considered as the first option in the treatment of benign or low-grade malignant pancreatic tumor.

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