

AB008. S008. Diagnostic yield of intraoperative pancreatoscopy for the investigation of pancreatic IPMN

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Background: Intraoperative pancreatoscopy is a very promising tool that might, in the future, guide surgical resection during surgery for intraductal papillary mucinous neoplasm (IPMN). Nevertheless data about diagnostic yield are still lacking. The aim is to assess the diagnostic yield of intraoperative pancreatoscopy.

Methods: Retrospective cohort analysis in histologically proved main duct (MD)-involving IPMN patients. Sensitivity, specificity, positive predictive value and negative predictive value were calculated. Characteristics of patients and on definitive histology were recorded. Data about endoscopic features such as the presence/absence of mucus, pathological vessels, and intraductal exophytic growth were also recorded. Assessment about the presence or the absence of IPMN was expressed by the operator. Categorical

variables were compared by fisher test.

Results: From 2015 to 2017, 22 patients, 10 (45.45%) male, median age 67 (45–82) years underwent intraoperative pancreatoscopy during surgical resection for MD-involving IPMN. 10 patients (45.45%) displayed endoscopic characteristics consistent with the presence of IPMN. Hundred percent of cases were confirmed at definitive histology to have high grade dysplasia-cancer. Twelve patients (54.54%) displayed negative endoscopic finding. Among those, definitive histology confirmed the absence of high grade dysplasia-cancer in 7 (58.33%). The overall sensitivity was therefore 66.67% (33.38–88.18%), specificity 100% (59.04–100%). PPV was 100% (69.15–100%) and NPV was 58.33 (27.67–84.83%). Pathological vessels were more prevalent in high grade dysplasia-cancer patients (53.33% *vs.* 0%, $P=0.02$) as well as intraductal exophytic growth (60% *vs.* 14.28%, $P=0.07$).

Conclusions: Intraoperative pancreatoscopy is an accurate tool that might guide the extension of the surgical margins and therefore improve radicality during surgery for pancreatic MD-involving IPMN.

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