

AB034. P005. What is the role of central pancreatectomy in pancreatic surgery? — a systematic review and meta-analysis

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Abstract: Background: Central pancreatectomy (CP) is an alternative procedure for the benign or low-malignant lesions at the pancreatic neck and proximal body. The aim of this systematic review and meta-analysis was to compare the clinical outcomes of CP with distal pancreatectomy (DP) and pancreaticoduodenectomy (PD), and evaluate the current status of CP.

Methods: A systematic literature research in PubMed/Medline, Embase and Cochrane Library was performed to identify articles reporting of CP from January 1983 to November 2017. Intraoperative, postoperative and long-term outcomes were evaluated. Pooled odds ratios (ORs) and weighted mean differences (WMD) with 95% confidence intervals (95% CI) were calculated using fixed-effect or random-effects models.

Results: Fifty studies with 1,305 patients undergoing

CP were identified. The overall morbidity, mortality, pancreatic fistula (PF) and reoperation rate were 50.7%, 0.5%, 35.0% and 4.1%, respectively. Endocrine and exocrine insufficiency were occurred in 3.6% and 5.1% of patients. Meta-analysis of CP versus DP favours CP in less blood loss (WMD =-143.38, 95% CI: -224.90 to -61.87, P=0.001), lower endocrine (OR, 0.13; 95% CI, 0.08 to 0.20; P<0.001) and exocrine insufficiency (OR, 0.38; 95% CI, 0.24 to 0.61; P<0.001). However, CP was associated with longer operative time (WMD =59.14, 95% CI: 27.07 to 91.21; P<0.001), higher morbidity (OR, 1.93; 95% CI: 1.49 to 2.48; P<0.001) and PF rate (OR, 1.90; 95% CI: 1.46 to 2.48; P<0.001), longer hospital stay (WMD =5.24; 95% CI: 1.17 to 9.32; P=0.012). In regard to CP versus PD, CP had a lower risk of endocrine and exocrine insufficiency, less blood loss, shorter operative time and hospital stay, but a higher PF rate.

Conclusions: CP has an obvious advantage of better pancreatic endocrine and exocrine function than DP and PD, but associated with a higher PF rate. However, more prospective, multicenter, randomized controlled trials are needed to further define the real role of CP in pancreatic surgery.

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