



AB048. P019. Middle segment pancreatectomy: the complications and safety

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Background: Middle segmental pancreatectomy (MSP) is designed for lesions in the neck and body of the pancreas. The peri-operative courses and outcomes of the procedure are conflicting.

Methods: A total of 115 consecutive patients underwent MSP from March, 2006 to April, 2015. Demographic variables, clinical data and pathological findings were retrospectively analyzed. Long-term endocrine and exocrine function and post-operative status outcomes were followed up.

Results: The median age of the patients was 52 years old (male:female =39:76). The top 3 indications for surgery were serous cystic neoplasms (33, 28.7%), pancreatic

neuroendocrine tumors (23, 20.0%) and intraductal papillary mucinous neoplasms (16, 13.9%). The mean operative time was 214.9±91.7 minutes and the mean intraoperative estimated blood loss was 233.4±275.5 mL. The mean post-operative hospital stay was 21.5±10.2 days. The overall morbidity rate was 49.5%, with pancreatic fistula (43.5%) being the most common post-operative complication including 45 clinically related cases. Follow-up revealed that 14.8% experienced long-term complications (new-onset diabetes: 1.7%, pre-existing diabetes worsened: 4.3%, regarding exocrine pancreatic function: 11.3%).

Conclusions: MSP provides excellent long-term pancreatic function at the expense of a significant post-operative morbidity rate. MSP is best indicated for benign or low-grade lesions in well-selected patients who are able to sustain potential serious complications and could benefit from improved long-term results.

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