AB055. P026. Prediction of clinically relevant pancreatic fistula in the early phase after distal pancreatectomy

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Background: Postoperative pancreatic fistula (PF) remains a major complication after distal pancreatectomy (DP). We aimed to investigate the predictors of clinically relevant PF (cPF) in the early phase after DP.

Methods: Between July 2009 and March 2017, 101 consecutive patients underwent DP at Hyogo College of Medicine. The postoperative data were collected, and the predictors for cPF after DP were identified.

Results: cPF were identified in 34 patients. In the multivariate analysis, two factors [serum C-reactive protein (CRP) ≥10 mg/dL and amylase value in drain (d-AMY) ≥1,200 U/L] were found to be independently the predictive factors of cPF on postoperative day (POD) 4 (odds ratio, 6.4; 95% confidence interval, 2.4–16.8, P<0.001 and odds ratio, 3.4; 95% confidence interval, 1.3–8.9, P=0.011, respectively). A scoring scale for the prediction of cPF was developed. Serum CRP ≥10 mg/dL (score: 2) and d-AMY ≥1,200 U/L (score: 1) were included in the scoring scale, and a score of 2 yielded the most optimal diagnosis value for cPF (AUC =0.780). Therefore, only one factor, the CRP ≥10 mg/dL was found to be independently predictive factors of cPF on POD4.

Conclusions: Serum CRP ≥10 mg/dL was predictive factor for cPF on POD4 after DP.