



AB068. P040. Heterotopic ossification in abdominal surgery incisions as an independent predictor of prognosis of malignant abdominal tumors: a case-control study from a single institution

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Background: The development of heterotopic ossification in abdominal incisions is not as uncommon as previously reported. However, the relationship between heterotopic ossification in abdominal surgery incisions and the prognosis of malignant abdominal tumors is unclear. This study aims to evaluate heterotopic ossification in abdominal surgery incisions as an independent predictor of the prognosis of malignant abdominal tumors.

Methods: We analyzed data from a retrospectively recorded database on patients who underwent open abdominal surgery in a single center from January 1, 2012

to December 30, 2012 regarding the relationships between heterotopic ossifications and primary disease, and between ossification occurrence and the stage of disease; ossification and its characteristics were also evaluated.

Results: There were 182 patients who underwent open abdominal surgery and received postoperative computed tomographic scans. This included 121 patients in the malignant tumor group (42 pancreatic cancer, 79 gastric cancer), and 61 in the benign disease group. Heterotopic ossifications were found in 35 of 182 overall cases (19.2%). The earliest ossification was present at 21 days postoperatively, and most heterotopic ossification was in the upper abdominal region (82.9%, 29/35). Incision ossification was present significantly more frequently in the malignant group (33 of 121 cases, 27.3%) than in the benign group (2 of 44 cases, 4.5%). Furthermore, 21 of the 33 cases (63.6%) with ossification in the malignant group also had metastasis detected on CT.

Conclusions: Heterotopic ossification in abdominal incisions was more frequently encountered in patients with malignancy than in those with benign disease. Furthermore, heterotopic ossification manifestation was an independent predictor of tumor prognosis.

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