

AB083. P055. Total pancreatectomy in radical pancreatectomy for pancreatic cancer

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Background: Total pancreatectomy (TP) may be required in locally advanced or centrally located pancreatic cancer to achieve curative resection (R0 resection). However, it remains a controversial approach, due to the potential short and long-term complication and uncertain survival benefits .The present study aimed to assess the outcome of TP for primary pancreatic cancer.

Methods: We reviewed all patients underwent TP between Jul. 2014 and Nov. 2017 in Pancreas Center of the First Affiliated Hospital of Nanjing Medical University.

Results: From Jul. 2014 to Nov. 2017, 24 patients underwent TP in our center. Median age was 66 (range,

43–86) years. Median operative time was 280 (range, 195–530) min with median estimated blood loss 350 (range, 100–1500) mL. Portal vein resections in 45.83% (11/24). Postoperative morbidity (41.67%, 10/24) included 2 cases grade B postpancreatectomy hemorrhage (PPH), 1 case of grade C PPH, 1 cases grade B Delayed gastric empty (DGE), 2 cases grade C DGE, 1 cases grade B chyle leak, 1 case hypoglycemic coma and 1 case fistula of colon. Median postoperative hospital stay was 12 (range, 7–86) d. "1 mm" R0 resection was achieved in 7 patients (29.17%, 7/24). Overall 30-day and in-hospital mortality rate were 4.17% (1/24) and 8.33% (2/24). Until the last time of follow-up (Oct 2017), 12 patients (50%, 12/24) are dead, with median survival time 8.8 months.

Conclusions: Total pancreatectomy, if needed, can be performed in high-volume pancreas center, but with high morbidity and acceptable mortality. Survival benefits of TP in patients with primary pancreatic cancer may needs further observation.

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