

AB088. P060. Safety assessment of standardized pancreatectomy in patients with solid pseudopapillary tumor and pancreatic ductal adenocarcinoma: retrospective case-control study in a single center

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Background: The aim of this study is to evaluate the surgical safety of standardized pancreatectomy for solid pseudopapillary tumor (SPT) and pancreatic ductal adenocarcinoma (PDAC).

Methods: Sixteen SPT cases and matched-pair 32 PDAC cases, that underwent standardized pancreatectomy between January 2015 and October 2016 in the pancreas center of Nanjing Medical University, were composed the cohorts. The demographic and pathologic dates were compared between two cohorts. The surgical safety index and clinical

outcomes were evaluated.

Results: The mean age at diagnosis was 49.4 ± 10.28 years (range, 41–83 years) in SPT group and 60.9 ± 6.68 years (range, 49–73 years) in PDAC group respectively. There is no difference in age, sex, tumor location and surgical procedures between the two groups ($P > 0.05$). The pancreatic remnant texture in SPT group was softer than PDAC group (0/16 *vs.* 10/22, $P < 0.001$). The diameter of the pancreatic duct in SPT group (2.1 ± 0.18 mm) was finer than PDAC group (2.6 ± 1.26 mm) ($P < 0.05$). SPT with standardized pancreatectomy was associated with lower overall postoperative complications (2/16 *vs.* 13/32, $P < 0.05$), pancreatic fistula (4/16 *vs.* 19/32, $P < 0.05$) and shorter hospitalization days (15.7 ± 1.75 *vs.* 20.5 ± 13.14 , $P < 0.05$) compared to PDAC. There was no significant difference between the two groups in operation time (243.4 ± 86.30 *vs.* 231.1 ± 98.59 min, $P = 0.63$), bleeding loss (493.7 ± 362.80 *vs.* 637.5 ± 227.41 mL, $P = 0.10$), reoperation rate (0 *vs.* 0, $P = 1.00$) and postoperative mortality (0 *vs.* 0, $P = 1.00$).

Conclusions: Standardized pancreatectomy is a safer and more effective treatment of SPT compare to PDAC.

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