AB101. P75. Surgical management of pancreatic neuroendocrine neoplasms (PNENs) in a single center

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Background: To evaluate the clinical features and surgical results of pancreatic neuroendocrine neoplasms (PNENs) in a single institution. PNENs are a kind of rare, indolent, heterogeneous tumors with unknown natural history. Surgical resection is still the treatment of first choice regardless of liver metastasis.
Methods: From January 2012 to December 2016, the clinical data of 136 consecutive patients who underwent surgical resection for PNENs was analyzed.
Results: Of the 136 patients, females accounted for 58.9% and nonfunctional PNENs constituted 63.2% of all. The median age at diagnosis was 50.5 (range, 19–80) years. The median tumor diameter was 2.5 (range, 0.2–18.0) cm. 52.2% cases were located in head/neck of the pancreas, 37.5% in body/tail, while others were multifocal. All patients underwent surgical resections, including 29.4% cases of distal pancreatectomy, 27.2% of enucleation, 21.3% of pancreaticoduodenectomy, 13.2% of middle segment pancreatectomy and others. Postoperative complications included pancreatic fistula (53.7%), intraabdominal infection (9.6%), postoperative hemorrhage (4.4%), delayed gastric emptying (3.7%) and biliary leakage (1.5%). A total of 124 patients were followed up. Ten (7.4%) patients died of tumor progression during the follow-up.
Conclusions: PNENs are rare pancreatic neoplasms with low-malignant potential. Radical resections should always be attempted and may result in long-term survival.

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