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Major venous resection/repair effect on survival of patients who have pancreatic adenocarcinoma with venous involvement

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Introduction: Several reports have shown similar morbidity and survival rates between patients with pancreatic cancer undergoing venous resection with pancreaticoduodenectomy versus patients underwent conventional pancreaticoduodenectomy. In this study we aim to evaluate the safety and survival benefit of curative resection of the pancreas with major venous resection.

Methods: In this IRB approved retrospective study, 240 patients underwent curative resection for malignant causes for 1998-2017 were reviewed. 212 patients who did not require vascular resection (group-I) were compared with 28 patients who had vascular involvement and underwent a vascular resection/ repair (group-II). Demographics, operative and follow up data were reviewed.

Results: Hospital stay (18 ± 16.1 vs. 17 ± 7.3 days, $P=0.78$), complication rate (31% vs. 39%, $P=0.12$) and positive resection margin (24% vs. 32%, $P=0.71$) were comparable between the two groups. Estimated blood loss (481 ± 438 vs. 975 ± 581 ml, $P=0.004$) and operation time (317 ± 71 vs. 402 ± 79 min, $P=0.047$) were significantly lower in group I. Median survival of patients in group-I was 21 months vs. 22 months in group-II ($P=0.907$). In group-I 45 patients had R0 resection margin without peri-pancreatic soft tissue (PST) involvement. Median survival of these patients was 44 months vs. 21 months in group-II ($P=0.013$). In group-I 116 patients had R0 resection margin with involved PST. Median survival of these patients was 22 months vs. 44 months in patients without PST involvement ($P=0.001$).

Conclusion: Pancreatic curative resection requiring venous resection/repair is safe but the survival of patients who have pancreatic adenocarcinoma with venous involvement is unaffected by a successful venous resection.

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