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Survival analysis after surgical resection of pancreatic neuroendocrine tumours: A single Centre experience

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To determine postoperative complications and survival after resection of pancreatic neuroendocrine tumours (PNET).

Methods:

We conducted a retrospective review of all consecutive surgical resections of pancreatic neuroendocrine tumours at our institution. Medical records were reviewed to obtain demographic, operative and outcome data. The latest follow up clinic reports and surveillance images were reviewed to assess the morbidity and survival function.

Results:

From 2006 to 2021, 50 patients (median age 55 years, range 27 – 79) underwent surgical resection of PNET (pancreaticoduodenectomy 36%, spleen preserving distal pancreatectomy 28%, distal pancreatectomy and splenectomy 22%, central pancreatectomy 4%, Enucleation 10%). Mean operative resection time was 5.6 ± 2.6 hours.

The total length of hospital stay was 18.6 ± 2.3 days. The rate

of pancreatic fistula noted in pancreaticoduodenectomy, spleen preserving distal pancreatectomy, distal pancreatectomy and splenectomy, central pancreatectomy, enucleation was 26.7%, 36.7%, 16.7%, 6.7% and 13.3%, respectively. There was no 30-day mortality. Mean clinical follow up was 2.5 years (maximum ten years). Two late deaths were recorded. The survival rate for pancreaticoduodenectomy, central pancreatectomy and enucleation was 100 % at 2.5 and 5 years. The survival rate for spleen preserving distal pancreatectomy was 91% at 2.5 and 5 years. The survival rate for distal pancreatectomy and splenectomy was 90% at 2.5 and 5 years.

Conclusion:

Our results indicate that surgical resection of the pancreatic neuroendocrine tumour is safe and has an excellent survival rate at five years.

Biography

Amalan, Thuraisingam is a cardiothoracic [surgical registrar](#), currently working at Monash Health, Melbourne Victoria Australia

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