Reappraisal of Clinical Indication Regarding Total Pancreatectomy

Can we do it for risky gland?

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Indication 1960 ~ 2000

Indications can be

Size or localization of pancreatic tumor Trouble, technical diffuculty Therapy-refractory pain in chronic pancreatitis

Definitely indicated

for a limited range of elective and emergency situations

Extremely high morbidity and mortality should be avoided

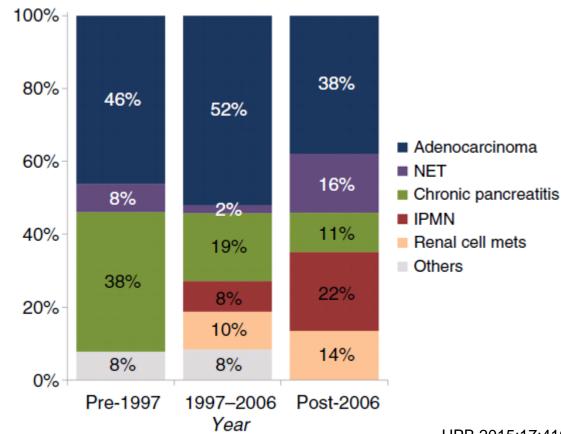




Changing indications, recent

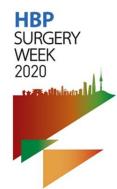
The underlying pathology amongst patients undergoing TP changed significantly

across the study period (P = 0.025) with an increase in el-TP



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Methods

Total Pancreatectomy
N=72

8 completion pancreatectomy

Conventional Indication
N=47

2 Academic Medical Center. Soon Chun Hyang University Bucheon Hospital Yeouido St.Mary's Hospital, The Catholic University N=64, 2007.1 ~ 2019.8 Risky Gland
N=17

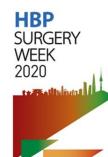




Risky Glands in this Study

Reason	n=17 (%)
Atrophic pancreatic tail	5 (29.4)
Fatty pancreas	5 (29.4)
Severe pancreatitis on tail	4 (23.6)
Very soft and small pancreatic duct (<1mm)	3 (17.6)

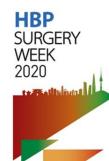




Results

	All patients (n=64)	Conventional (n=47) Risky (n=17)		p-value	
Age	67.1±9.34	57.7±9.8	65.6±8.0	0.446	
ВМІ	23.5±3.7	23.0±3.9	24.8±2.8	0.091	
ASA score (A/B/C)	11(17.2%)/43(67.2%)/10(15.6%)	9(19.1%)/29(61.8%)/9(19.1%)	2(11.8%)/14(82.4%)/1(5.8%)	0.299	
Albumin	3.7±0.5	3.7±0.5	3.8±0.5	0.283	
CA 19-9	238.5±583.2	282.0±67.0	198.7±380.1		
Total Bilirubin	1.6±1.5	0.8±1.0	1.9±2.1	0.011	
Previous operation	20(31.3%)	16(34%)	4(23.5%)	0.316	
Preop PBD	27(42.2%)	17(36.2%)	10(58.8%)	0.092	
Preop DM	30(46.9%)	21 (44.7%)	9(53.0%)	0.690	
Tumor location (H/B/M)	44(68.8%)/10(15.6%)/10(15.6%)	31(66.0%)/ 8(17.0%)/8(17.0%)	13(76.4%)/2(11.8%)/2(11.8%)	0.507	
Tumor size	30.7±16.2	31.6±15.9	27.8±17.0	0.427	
Vessel invasion	11(17.2%)	10(21.3%)	1(5.9%)	0.397	
Planned operation	29(45.3%)	22(46.8%)	22(46.8%) 7(41.2%)		

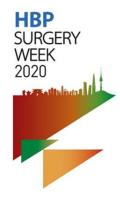




Results

	All patients (n=64)	Conventional (n=47)	Risky (n=17)	p-value
Operation time	395.2±123.7	398.9±135.6	384.8±84.9	0.692
Transfusion	30(46.9%)	22(46.8%)	8(47.1%)	0.603
Neck margin +	7(10.9%)	7(14.9%)	0(0)	
Resection margin	5(7.8%)	5(10.6%)	0(0)	0.201
Pathology (IPMN/PDAC/other)	20(31.2%)/ 41(64.1%)/ 3(4.7%)	16(34.0%)/ 30(63.8%)/ 1(2.1%)	4(23.5%)/ 11(64.7%)/ 2(11.8%)	0.233
Vessel resection	6(9.4%)	5(10.6%)	1(5.9%)	0.605
Organ resection	14(21.9%)	10(22.7%)	4(23.5%)	0.597
Morbidity	6(9.4%)	5(10.6%)	1(5.9%)	0.491
In hospitalization (day)	23.0±10.2	24.1±11.2	20.3±6.6	0.200
Mortality	0(0)	0(0)	0(0)	-
30day Reoperation	3(4.7%)	3(6.4%)	0(0)	0.389
30day Readmission	4(6.3%)	2(4.3%)	2(11.8%)	
Post operative HbA1c	7.5±1.6	7.54±1.49	±1.49 7.32±1.9	
Adjuvant therapy	35(54.7%)	25(53.2%)	10(58.8)	0.456





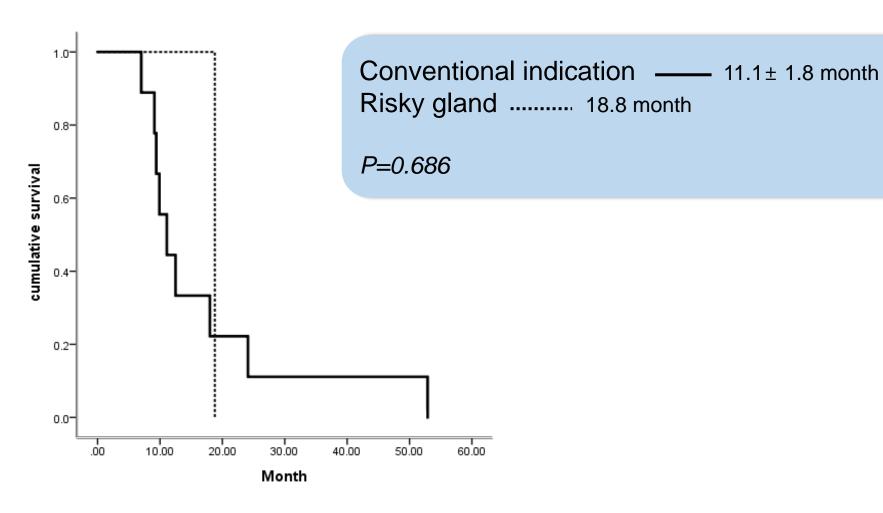
Surgical complication

	Clavien Complication Grade					
	l	II	Illa	IIIb	IV	V
Surgical site infection		2				
Multi system organ failure						
Glycemic control		1				
Bleeding						
Delayed gastric emptying			1			
Renal insufficiency						
Cardiac problem						
Pulmonary problem				1		
Deep vein thrombosis						
others				2		

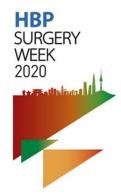




Survival







Summary and Conclusion

- Total pancreatectomy appears to be
- an appropriate option for selected patients with conventional indication
- a viable option for risky glands in terms of surgical safety

