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Different Oncologic Outcomes Of Pancreaticoduodenostomy

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Background : The purpose of this study was to investigate the differences in clinical characteristics and metastasis patterns according to the diagnosis among patients who underwent pancreaticoduodenostomy (PD) for cancer management.

Methods : From March 2000 to December 2020, we retrospectively reviewed 317 patients who underwent PD. We divided the patients into four groups based on pathological diagnostic criteria: pancreas ductal adenocarcinoma (PDAC), intraductal papillary mucinous carcinoma (IPMC), distal cholangiocarcinoma (dCCA) and ampulla of vater cancer (AoVC). Benign disease, adenosquamous carcinoma, neuroendocrine tumor, and metastasis to pancreas from other primary cancer were excluded. We compared long term follow-up oncologic outcomes according to the pathologic diagnosis and patients' characteristics.

Results : Total of 232 patients were included: 72 patients (41%) of PDAC, 23 (9.9%) of IPMC, 80 (34.5%) of dCCA and 57 (24.6%) of AoVC. The median overall survival period was 30.39 months (range 0–211 months). Combined vascular resection such as portal vein, superior mesenteric vein or hepatic artery was 5.6%, 0%, 3.1% and 0.9% in each group respectively. The mean number of removed lymph nodes (11.9, 5.6, 11.3, 9.8; $p = 0.002$) and metastatic lymph nodes (2.1, 0, 1.8, 0.7; $p < 0.001$) showed statistically differences in each group. Lymphovascular invasion, perineural invasion and distant metastasis occurred relatively more in PDAC and dCCA than in the other two groups. Cancer recurrence was observed in 78 patients (33.6%). The rate of recurrence patterns was as follows; loco-regional (43.6%), systemic (42.3%) and combined two patterns (14.2%). Loco-regional recurrence was more common in IPMC and AoVC, whereas PDAC and dCCA had more systemic recurrence.

Conclusions : Periampullary tumors are commonly treated with pancreaticoduodenectomy surgery. However, different outcomes were observed depending on the pathological diagnosis in this study. Appropriate follow-up and treatment plan are recommended according to the pathologic diagnosis.

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