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Is The Dissection Of Lymph Nodes On The Posterior Surface Of The Head Of The Pancreas Necessary For Prognosis In Gallbladder Cancer?

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Background : Lymph node metastasis is one of important prognostic factors in gallbladder cancer. However, the appropriate extent of lymph node dissection has not been standardized yet. The posterior surface of the head of the pancreas dissection of lymph nodes(13LN) makes it challenging procedure for operator to choose minimally invasive approach in gallbladder cancer, which could not keep up with the times.

Methods : Clinical characteristics, pathological stages, overall survival and disease free survival of patients who underwent surgical resection for gallbladder cancer between 2000 to 2022 were reviewed. Patients with only lymph node sampling or who couldn't meet minimum 6 acquired lymph node counts were excluded.

Results : Total 260 patients were evaluated. 176 patients received 13 LN dissection (13LN+) and 84 patients didn't. (13LN-) Two group didn't show significant difference between pre-operative and post-operative CA 19-9 level. ($p = 0.743$, $p = 0.411$). Even though 13LN+ group showed higher numbers in acquired total lymph node counts than 13LN- group (17.51 vs 12.89, $p < 0.001$), metastatic Lymph node counts didn't show significant difference between two groups (1.28 vs 1.29, $p = 0.984$) Two groups didn't show significant difference in overall survival ($p = 0.219$, 5-year survival 13LN+=68.3%, 13LN-= 65.3%). Furthermore, both groups didn't show difference in disease free survival. ($p = 0.227$, 5-year survival 13LN+=68.2%, 13LN-= 59.8%)

Conclusions : The location of the posterior surface of pancreatic head can impose many limitations in minimally invasive in gallbladder cancer. However, we can expand minimally invasive radical cholecystectomy with skip for 13 LN dissection with comparable outcome based on our result except for the case that node enlargement in image study or PET CT uptake in advance for pre op evaluation.

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