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## Comparison Of Prognosis According To Preoperative Biliary Drainage (PTBD Versus ERBD) In Patients With Resected Pancreatoduodenectomy For Periamullary Tumor

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**Background** : This study aims to determine the effect of the type of preoperative biliary drainage (BD) (percutaneous transhepatic biliary drainage, PTBD or endoscopic retrograde biliary drainage, ERBD) on the prognosis of patients who underwent pancreatoduodenectomy (PD) for periamullary tumor (PAT).

**Methods** : This retrospective, single institution study included the patients who underwent PD for PAT from June 2006 to March 2021 in Severance Hospital. And only patients who underwent PTBD or ERBD as preoperative BD were included in this study. A total of 288 patients were retrospectively analyzed, excluding who performed both PTBD and ERBD.

**Results** : A total of 46 and 242 patients performed PTBD and ERBD, respectively. The PTBD group has more patients with old age than ERBD group (68 versus 63,  $p=0.005$ ). In overall survival, the ERBD group shows better survival outcome than PTBD group ( $p = 0.021$ ). In disease free survival, there was no statistically difference between two groups ( $p = 0.535$ ). In multivariate analysis, the preoperative BD was not independent prognostic factor of overall survival and disease free survival (Hazard ratio 0.594, 95% confidence interval 0.379-0.930,  $p = 0.796$ , HR 0.862, 95% CI 0.540-1.378,  $p = 0.226$ ). There was no statistically difference in the level of pre BD CA19-9 and post BD CA19-9 between two groups (0.677, 0.232). There was no statistically difference in operation time and intraoperative blood loss between two groups ( $p = 0.176$ ,  $p = 0.413$ ). There was no statistically difference in major complication between two groups ( $p = 0.631$ ).

**Conclusions** : PAT shows similar short term perioperative outcome and long term survival regardless of the type of preoperative BD (PTBD versus ERBD) in patients with PD.

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