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Outcomes Of Venous Reconstruction For Pancreaticobiliary Malignancies From A HPB Surgery Unit In Low Income Country

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Background : Venous reconstruction after portal(PVR) and superior mesenteric vein resections(SMVR) facilitate curative(R0) resections in hilar cholangiocarcinoma resections (HCR) and pancreaticoduodenectomies(PD). They are also used in iatrogenic vascular injuries. This study examines pathological and early postoperative outcomes of patients who underwent venous reconstruction during major pancreatico-biliary resections.

Methods : Retrospective analysis of a prospective HPB database of venous reconstructions during pancreaticoduodenectomy and perihilar cholangio resections during 2021-22 was done. Vascular resection was planned based on preoperative CT images and intra-operative findings.

Results : Six patients of mean age 55.17 years(46-69) with a M: F ratio of 2:1 were included. There were three pancreaticoduodenectomies and three extended right hepatectomies. The median duration of hospital stay was 12 days(10-47). PVR and end-to-end reconstruction was performed in 3 patients. Two underwent SMV venous patch repair and one underwent SMA vein patch repair. The median duration of hospital stay was 12 days(10-47). Histopathology revealed hilar cholangiocarcinoma(n=2), ampullary adenocarcinoma(n=1), combined hepatocellular cholangiocarcinoma(n=1), pancreatic neuroendocrine tumour(n=1) and chronic pancreatitis. R1 resection was revealed in two patients (PV margin, hepatic resection margin). There was one mortality due to post hepatectomy liver failure and ventilator associated pneumonia. There was one mortality during follow-up (day 35) due to massive upper gastrointestinal bleeding secondary to pseudoaneurysm. Rest had transient hepatic dysfunction(n=2) and pneumonia(n=1) among the complications. The mean follow-up duration was 186 days(26-477).

Conclusions : Venous reconstructions enable R0 resections in selected patients with borderline pancreatico-biliary tumours, but have attendant morbidity and mortality.

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