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Treatment With Long Term Follow-up Of Solid Pseudopapillary Tumor Of Pancreas- A Single Center Experience From India

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Background : Solid pseudopapillary tumor (SPT) is a rare neoplasm of the pancreas, accounting for 0.2–2.7% of pancreatic neoplasms. Surgical resection with a negative margin is usually considered curative and the prognosis is generally very good. This study was conducted to report our surgical experience with short term and long-term outcomes from patients with this uncommon tumor

Methods : This was a single centre study with prospective analysis of retrospective data from January 2000 to March 2022 at our tertiary center. Any patient found to have a pancreatic lesion on abdominal ultrasound for abdominal pain evaluation, would undergo contrast-enhanced computed tomography or a contrast-enhanced magnetic resonance imaging. Patient demographic profile; intraoperative and postoperative data were recorded and analysed. The classification of the International Study Group on Pancreatic Surgery (ISGPS) was used to document postoperative complications. Statistical analyses were performed using the Statistical Product and Service Solutions (SPSS) software, version 28.

Results : 74 patients underwent surgery for SPT. most of the patients were females (96%; n=71), and the median age of presentation was 26 years (Interquartile range IQR 18-37 years). Abdominal pain was the chief complaint in 97% (n=72). The size of the tumor was 5.3 cm (IQR 2–10 cm). Tumors were commonly located at distal body and tail (51%). Distal pancreatectomy with or without splenectomy was the most common procedure. The pancreas was majorly soft with median diameter of pancreatic duct was 3 millimetres (IQR 1-4). Pancreatico-jejunostomy (45.9%) was the most common performed pancreatic-enteric anastomosis. The lymph node removed was 02 (IQR 1-5) but none of the lymph nodes had tumor on histology. A total of 28.3% (n=21) patients had post operative complications, while the most common was post operative pancreatic fistula (POPF), observed in 24% (n=18) patients. Most of these POPF were biochemical. As per Clavien-Dindo grade of complications, 24.3% (n=18) of the patients had grade 1 or 2 complication and 3 patients had grade 3 or above complication. On median follow-up of 113 months (IQR 45-144), no patient had a recurrence.

Conclusions : Surgery offers good post operative and long-term outcomes in SPTs, which are commonly seen in young women. Recurrences are rare in patients without malignant SPTs, even with long term follow up.

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