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Comparative Outcomes Of Extended Distal Pancreatectomy And Distal Pancreatectomy

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Background : Patients with locally advanced pancreatic body/tail tumors, gastric cancer, or colon cancer often have contiguous organ involvement requiring extensive pancreatic resection. This study was performed to compare surgical complications and the incidence of clinically relevant postoperative pancreatic fistula (CR-POPF) between distal pancreatectomy (DP) with extended organ resection and standard DP.

Methods : In total, 128 patients who underwent DP from January 2012 to January 2021 were retrospectively reviewed. Extended DP was defined according to the International Study Group of Pancreatic Surgery definition.

Results : Of the 128 patients, 62 (48.4%) underwent extended DP and 66 (51.6%) underwent DP. Blood loss was greater ($p < 0.001$), the incidence of major complications was higher ($p = 0.032$), and the hospital stay was longer ($p = 0.002$) in the extended DP group than in the DP group. There were no differences in the incidence of CR-POPF, the readmission rate, or the need for postoperative intervention drainage. Univariate and multivariate analyses showed that extended DP was not a risk factor for CR-POPF or major complications.

Conclusions : Extended DP can be performed with comparable CR-POPF occurrence and mortality but increased morbidity when compared with standard DP.

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