

Does Preoperative Acute Pancreatitis Inevitably Delay Pancreatoduodenectomy In Patients With Periapillary Tumors?

So Jeong YOON¹, Okjoo LEE¹, Ji Hye JUNG¹, Sang Hyun SHIN¹, Jin Seok HEO¹, In Woong HAN*¹

¹*Division Of Hepatobiliary-pancreatic Surgery, Department Of Surgery, Samsung Medical Center, Sungkyunkwan University School Of Medicine, REPUBLIC OF KOREA*

Background : Preoperative acute pancreatitis (PAP) in patients with periapillary tumor can cause technical difficulties when performing pancreatoduodenectomy (PD) but perioperative risks of PAP remain unclear. The purpose of this study was to investigate the impact of PAP on surgical outcomes and determine the optimal timing of PD.

Methods : Patients undergoing surgery for periapillary tumors between 2009 and 2018 were included. Simple random sampling (1:4) was performed to compare outcomes between the PAP group and the control group. Operative failure was defined as exploration-only or unwanted total pancreatectomy.

Results : The rate of operative failure was higher in the PAP group than in the control group (6.6% vs. 0%, $p < 0.001$). There was no significant difference in postoperative outcomes including complications or in-hospital mortality between the two groups. Surgical outcomes were compared after dividing PAP groups by intervals (2, 3, or 4 weeks) between onset of PAP and surgery, and there were no differences between the groups.

Conclusions : In conclusion, in spite of increased risk of operation failure, PD could be performed in PAP patients at comparable rates of postoperative complications. Further study is needed to select patients with PAP in proper conditions for performing PD.

Corresponding Author : In Woong HAN (cardioman76@gmail.com)