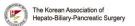


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Postoperative Outcomes Of Minimally Invasive Distal Pancreatectomy In Elderly And Octogenarian Patients For Leftsided Pancreatic Tumor

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Background: The aim of this study was to investigate the relationship between age and postoperative outcomes among patients who underwent minimally invasive distal pancreatectomy (MIDP) for left –sided pancreatic tumor.

Methods: A total of 2212 patients who underwent MIDP for left-sided pancreatic tumor were included in this study. Patients were divided into younger (n=1877, $\langle 70 \text{ years} \rangle$) and older (n=335, $\geq 70 \text{ years}$), and the postoperative outcomes between the two groups was compared.

Results: The American Society of Anesthesiology score \geq 3 was more common in elderly patients than in non-elderly patients who underwent MIDP (15.2% vs. 3.2%, P \langle 0.001). Clinically-relevant postoperative pancreatic fistula (9.9% vs. 13.5%, P=0.077), Clavien-Dindo classification \geq grade 3 (9.6% vs. 9.6%, P \rangle 0.999), readmission in 30-days (7.5% vs. 7.1%, P=0.819), mortality in 90-days (0.3% vs. 0.2%, P=0.482) were comparable in these two groups. Elderly patients who underwent MIDP had a significantly difference for mean lengths of hospital stays (9.9 days vs. 8.9 days, P=0.023). The proportion of patients with malignancy disease was higher in elderly patients (50.7% vs. 21.2%, P \langle 0.001). There were no significant statistical differences between the two groups who underwent MIDP for left-sided pancreatic ductal adenocarcinoma in 5-year oveall survival (28.0% vs. 38.0%, P=0.057) and 5-year disease free-survival (29.6% vs. 27.1%, P=0.825).

Conclusions: MIDP performed on the elderly is safe and feasible, leading to postoperative outcomes similar to those of nonelderly patients. Left-sided PDAC of elderly who underwent MIDP also showed comparable oncological outcomes when compared to non-elderly patients.

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