

Postoperative Outcomes Of Minimally Invasive Distal Pancreatectomy In Elderly And Octogenarian Patients For Left-sided 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, <70 years) and older (n=335, ≥70 years), and the postoperative outcomes between the two groups was compared.

Results : The American Society of Anesthesiology score ≥ 3 was more common in elderly patients than in non-elderly patients who underwent MIDP (15.2% vs. 3.2%, $P < 0.001$). Clinically-relevant postoperative pancreatic fistula (9.9% vs. 13.5%, $P=0.077$), Clavien-Dindo classification ≥ grade 3 (9.6% vs. 9.6%, $P > 0.999$), 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%, $P < 0.001$). There were no significant statistical differences between the two groups who underwent MIDP for left-sided pancreatic ductal adenocarcinoma in 5-year overall 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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