

## KOREA-JAPAN 7

### Comparison Of Infectious Complications After Spleen Preservation Versus Splenectomy During Laparoscopic Distal Pancreatectomy For Benign Or Low-grade Malignant Pancreatic Tumors: A Multicenter, Propen

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**Lecture :** Although laparoscopic distal pancreatectomy (LDP) became a widely accepted procedure for benign or low-grade malignant disease in the pancreas, the role of spleen preservation is still controversial. Specifically, regarding infectious complications related to splenectomy in LDP, previous studies reported conflicting results that may be due to small number of study patients, different definitions for infectious complications, and heterogeneity in patient characteristics and operative indications. To overcome these limitations, we performed a propensity score-matched analysis using a large patient cohort with benign or low-grade malignant pancreatic tumors from 91 centers across Korea and Japan, and compared the postoperative infectious complications according to spleen preservation. A total of 3,787 patients who underwent LDP for benign or low-grade malignant pancreatic disease in 92 centers across Korea and Japan were included in this retrospective study. Postoperative infectious complications and other complications were compared between LDP with splenectomy (LDPS) and LDP with spleen preservation (LSPDP) by propensity score matching (PSM) analysis. After PSM, the LSPDP group had a lower rate of overall infectious complications ( $P = 0.079$ ) and a significantly lower rate of intraabdominal abscess ( $P = 0.014$ ) compared with the LDPS group. Within the LSPDP group, the vessel preservation subgroup had a significantly higher rate of infectious complication ( $P = 0.002$ ) compared with the vessel resection subgroup. Low-volume centers had a higher rate of intraabdominal abscess than high-volume centers in the LSPDP group ( $P = 0.001$ ) and the spleen preservation subgroup ( $P = 0.043$ ). Spleen preservation in LDP for benign or borderline malignant pancreatic diseases was advantageous in lowering the risk of infectious complications, specifically intraabdominal abscess. However, the risk of intraabdominal abscess may differ according to the level of surgeon's experience. Corresponding author Yoo-Seok Yoon, MD, PhD Department of Surgery Seoul National University Bundang Hospital 300 Gumi-dong, Bundang-gu, Seongnam-si, Gyeonggi-do, 13620, Republic of Korea Telephone: +82-31-787-7096 Fax: +82-31-787-4078 E-mail: yoonys@snuh.org