

Poster Presentation

AB009. Spleen preserving distal pancreatectomy

Ky Do Hoai, Khoi Truong Dinh, Lich Phan Thanh

Department of General Surgery, Khanh Hoa General Hospital, Khanh Hoa, Vietnam

Background: Splenectomy is routinely performed in conventional distal pancreatectomies. Spleen removal with its possible sequelae of infections and haematological complications has prompted the development of spleen preserving techniques. This study aimed to evaluate the safety and clinical outcomes of distal pancreatectomy with preservation of the spleen.

Methods: A retrospective review of 45 consecutive patients who underwent spleen preserving distal pancreatectomy in a second rate care hospital was conducted from January 2012 to December 2017.

Results: There were 37 female and 8 male patients, and the mean age was 44 (range: 22–81) years. Median American

Society of Anesthesiologists score was II (range: I–III). The indications were as follows: mucinous cystadenoma (n=2), serous cystadenoma (n=7), insulinoma (n=3), intraductal papillary mucinous tumor (n=5), pseudocyst (n=12), papillary cystic adenoma (n=4), neuroendocrine neoplasm (n=5), solid pseudopapillary tumor (n=5) and neuroendocrine carcinoma (n=2). Four patients developed postoperative pancreatic fistula and another five patients developed postoperative ileus with spontaneous resolution. Mean operative time was 182 (range: 70–420) minutes. Mean length of postoperative hospital stay was 12.5 (range: 4–30) days. There was no perioperative mortality in this series.

Conclusions: Spleen preserving distal pancreatectomy can be safely performed with low morbidity, and should be considered in the surgical management of distal pancreatic disease.

Keywords: Distal pancreatectomy; pancreatectomy; spleen preserving distal pancreatectomy; splenectomy

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