

FO33-05

### ENDOSCOPIC STENTING MAY BE PREFERABLE TO SURGICAL BYPASS FOR PALLIATION, EVEN IN THE ABSENCE OF METASTATIC DISEASE, IN PATIENTS WITH UNRESECTABLE OBSTRUCTIVE PANCREATIC HEAD CANCER

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**Introduction:** Endoscopic stenting techniques and materials for gastro-intestinal malignancies are constantly improving. This study evaluates the efficacy of stenting compared to the standard operative procedures, in patients with unresectable obstructive pancreatic head cancer.

**Method:** This is a retrospective case control study of 52 patients who were diagnosed with obstructive (biliary, duodenal or both) adenocarcinoma of the pancreatic head. Twenty-nine patients (endoscopy group) underwent palliative endoscopic stenting (biliary: 29 stents, duodenal: 4 stents). Eleven patients (bypass group) underwent palliative double by-pass. Twelve patients (Whipple's group) underwent Whipple's operation with curative intent, however histopathology revealed R1 resection (palliative Whipple's). Primary end-point was survival. Tumor characteristics, laboratory values and post-intervention complications were also analyzed.

**Results:** Metastatic disease was present only in the endoscopy group (n = 12, 41.3%). T4 disease was identified in 44.8% (n = 13), 63.6% (n = 7) and 25% (n = 3) in the endoscopy, bypass and Whipple's group, respectively. 27.2% (n = 3) and 25% (n = 3) of patients in the bypass and Whipple's group, respectively, received neoadjuvant chemoradiation, after endoscopic biliary stenting. 48.3% (n = 14), 54.5% (n = 6) and 100% (n = 12) of patients in the endoscopy, bypass and Whipple's group, respectively, received adjuvant chemotherapy. In the endoscopy group, primary and secondary anatomic patency rates were 86% and 100%, respectively. There was no intervention-related mortality. Median survival was 280 (95%CI: 103, 456), 157 (95% CI: 0, 411) and 647 (95% CI: 300, 993) for the endoscopy, bypass and Whipple's group, respectively (p = 0.116).

**Conclusions:** In patients with obstructive pancreatic head cancer, endoscopic stenting offers equally good palliation when compared to surgical double by-pass, even in the absence of metastatic disease. The numerically better (although not statistically significant) survival after palliative Whipple's might be explained by the smaller tumor burden in this sub-group of patients and not by the superior efficacy of this operation.

FO33-06

### FIRST JEJUNAL VEIN-ORIENTED MESENTERIC EXCISION FOR PANCREATODUODENECTOMY REDUCES INTRAOPERATIVE BLEEDING

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**Introduction:** Dissection of the pancreatic head from the superior mesenteric vein (SMV) and artery (SMA) are major points of bleeding in pancreaticoduodenectomy (PD) because of congestion of the pancreatic head. Ligation of IPDA is effective for preventing congestion. However, detection of IPDA is not easy and sometimes duplicated. We applied a new surgical approach, first jejunal vein-oriented mesenteric excision (FME) for PD, by which we totally resected mesoduodenum before cutting branches of SMV. This study aimed to clarify the effect of FME on reduction of bleeding during PD.

**Method:** We retrospectively analyzed the perioperative outcome of 54 patients who underwent resection of the pancreatic head, PD and total pancreatectomy (TP) from January 2010 through June 2013 in Kawasaki Medical College. 33 patients underwent pancreatic head resection by FME, and 21 patients underwent the conventional method. Analysis of anatomical findings of the FJV: Computed tomography (CT) images of 56 patients who underwent surgery for the treatment of hepato-biliary-pancreatic disease were analyzed to determine the anatomy of the FJV and spatial relationship between FJV and IPDA.

**Results:** FME-based PD significantly reduced intraoperative blood loss compared with conventional PD (571 mL vs. 1,234 mL, p = 0.0061). The median distance of the FJV was 0 mm from the middle colic artery and 0 mm from the 3rd portion of the duodenum. The FJV was posterior to the SMA in the majority of the patients but was anterior to the SMA in 16.7% of patients.

**Conclusions:** FME is useful for reducing intraoperative bleeding.

FO33-07

### USE OF HARMONIC FOCUS® IN CUTTING PANCREAS FOR SOFT TEXTURE REDUCES THE RATE OF PANCREATIC FISTULA AFTER PANCREATODUODENECTOMY

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**Introduction:** Harmonic FOCUS® (Ethicon Endo-Surgery, Inc, Cincinnati, OH) is an ultrasonic surgical scalpel that cuts and coagulates tissues using lower temperatures than those used by electrosurgical equipment. It has been reported to occlude and seal small to