

P091**Central pancreatectomy compared with distal pancreatectomy and pancreaticoduodenectomy for benign or low-grade malignant neoplasm in terms of postoperative outcomes, long-term pancreatic endocrine, exocrine function and parenchyma-volume changes**

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Introduction : The study was performed to evaluate the efficacy of a central pancreatectomy (CP) compared to a distal pancreatectomy (DP) and a pancreaticoduodenectomy (PD) for benign or low-grade malignant neoplasm with regard to clinical outcomes, long-term endocrine and exocrine function, and effect between the pancreatic function and pancreatic volume change using pancreas volumetry.

Methods : This retrospective study enrolled 166 patients who underwent elective CP (n=55) or DP (n=55) or PD (n=56) for benign or low-malignant neoplasm at the Seoul National University Hospital between January 2000 and December 2015.

Results : A significant difference in overall morbidity was observed between the CP and DP groups (n=18, 32.7% vs n=8, 14.5%, $p=0.025$). Also, a significant difference in POPF was observed between the CP and PD groups (n=20, 36.4% vs n=34, 60.7%, $p=0.014$), and the DP and PD groups (n=11, 20.0% vs n=34, 60.7%, $p=0.001$). No significant differences in new onset or aggravated DM were observed among the three groups. Significant differences were observed in stool elastase level of '12 months after surgery' among the three groups (152.1 vs 253.3 vs 84.9 mcg/g, all three $p<0.05$). In the percent change in remnant pancreatic volume 12 months after surgery, significant differences were observed between the CP and PD groups, CP and DP groups, DP and PD groups (-9.4 vs 7.5 vs -38.1 %, all three $p<0.001$).

Conclusions : CP has no advantage in terms of postoperative morbidity, remnant pancreatic endocrine, exocrine function, and pancreatic volume change after surgery compared to DP and PD procedures.

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