

P095**Surgical outcomes of pancreatectomy in patients with chronic liver disease and portal hypertension : A single center 10-year experience**

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Introduction : Patients with chronic liver disease (CLD) are usually considered contraindication of pancreatic surgery. The aim of this study was to evaluate the safety of pancreatic surgery in patients with CLD and portal hypertension (PHT).

Methods : We studied retrospectively 341 patients who underwent open pancreaticoduodenectomy (PD) or distal pancreatectomy (DP) in our center between January 2010 and December 2018. Preoperative data and intraoperative and postoperative details were collected for each operation. The primary outcome measure was hospital mortality rate. Secondary outcomes analysed included operation time, transfusion, postoperative hospital stay and morbidity.

Results : 47 patients (13.7%) had CLD. Of the 261 patients who received PD, 28 (Group A) had chronic liver disease. Of the 80 patients who received DP, 19 (Group C) had CLD. Those who received PD and DP in noncirrhotic patients were classified into groups B and D, respectively. Group A and C were divided into subgroups 1 and 2 according to the presence of PHT. In PD patients, Group A2 patients (cirrhotic patient without PHT) had more blood loss and blood transfusion during operation and longer hospital stay. Group A1, Group A2 and Group B had respectively complication rate 42, 58 and 39% ($P=0.02$). and postoperatively pancreatic fistula (POPF B) rates were respectively 31%, 41% and 27% ($P=0.57$). Similar results were obtained in patients who underwent DP. But there was no statistical significance.

Conclusions : Pancreatic surgery was possible in cirrhotic, non-portal hypertensive patients with a mortality and surgical outcomes equivalent to non-cirrhotic patients. But, CLD with PHT should be careful in determining the operation.

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