

## **Functional Results Following Pylorus-Preserving Pancreatoduodenectomy with Pancreaticogastrostomy**

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### **Abstract**

*Background:* Pylorus preserving (PP) pancreaticoduodenectomy (PD) has several advantages in terms of shorter operation time and improved nutritional status but with an increased risk for delayed gastric emptying.

*Methods:* We performed a retrospective study on all patients in which PD was performed from May 2012 to May 2018. It was analyzed early postoperative outcomes and the incidence of delayed gastric emptying (DGE) syndrome for patients with pylorus PP PD technique and pancreaticogastrostomy (PG).

*Results:* There were 47 PD, in which PP technique was performed in 42 cases. The tumour location was in the pancreatic head (n=21, 44.68%), periampullary (ampulla of Vater) (n=14, 29.78%), distal bile duct (n=7, 14.89%), duodenum (n=2, 4.25%) and advanced right colon cancer (n=3, 6.38%). There were 10 cases (21.2%) of grade III-V complications, grade A pancreatic fistula (PF) 8 cases (17%), grade B in 3 cases (6.4%) and grade C in 1 case (2.12%). DGE was encountered in 17 cases (36.17%), grade A 2 cases (4.25%), grade B in 4 cases (8.5%) and grade C in 2 cases (4.25%). Biliary fistula occurred in 3 cases (6.4%) and in 4 cases relaparotomy was needed.

*Conclusions:* The results of our study are concluding with the previous studies, the addition of PG to PP PD does not increase the risk of DGE.

**Key words:** pancreaticoduodenectomy, morbidity, pancreatic cancer, pancreatic fistula, delayed gastric emptying