

Selected Paper I

I-1

Surgical Strategy of T1 Gallbladder: a Nationwide Multicenter Survey

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Background: Because T1 Gallbladder (GB) cancer showed better prognosis than advanced GB cancer, some authors have considered it is amenable to perform only cholecystectomy. However, owing to lack of evidence, there has been controversy regarding the optimum management.

Aim: The aim of this study is to investigate clinical feature and clinical outcome of T1 GB cancer and to determine surgical strategy for T1 GB cancer through a multicenter survey.

Methods: A nationwide multicenter study was performed in which 16 university hospitals in Korea participated from 1995 to 2004. A total 253 patients including 112 patients with T1a and 141 patients with T1b were enrolled. The clinicopathologic findings & long-term follow-up results were analyzed after the consensus meeting of the Korean Pancreas Surgery Club.

Results: Mean age of the patients was 63-years-old and male to female ratio was 1:1.2. 77 patients (30.4%) were diagnosed during routine check-up. Simple cholecystectomy was performed in 75 patients (67.0%) with T1a tumor and in 67 patients (47.5%) with T1b tumor ($p < 0.01$). Lymph node metastasis was observed in 3% of patients with T1a and in

11.8% of patients with T1b ($p = \text{NS}$). There was significant difference in 5 year survival rate between T1a and T1b (90.4% vs. 47.8%, $p = 0.02$). There was no significant difference in 5 year survival rate between simple cholecystectomy and extended cholecystectomy and according to presence of lymph node metastasis. Recurrence occurred in six patients (5.4%) with T1a and 20 patients (14.2%) with T1b ($p = 0.02$).

Conclusion: There was no definite evidence of priority of extended cholecystectomy to simple cholecystectomy. And the effectiveness of regional lymphadenectomy still remained questionable for the purpose of the treatment.

I-2

Serous Cyst Neoplasm of the Pancreas: Appraisal of Active Surgical Strategy before it Makes Troubles

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Background: Research Purpose: Most surgeons agree with regular observation for asymptomatic serous cyst neoplasm (SCN) because of its benign nature with extremely rare malignant potential. However, several complexity and interference in organ preservation or minimally invasive approach during the operation may develop if the surgical treatment is necessary because of huge tumor size or symptoms. So, the purpose of this study is suggest a potential management plan based on retrospective analysis in resected SCN cases.

Methods: Between August 1995 and December 2010, Thirty-eight patients, diagnosed as SCN, treated with surgery were enrolled. We divided two groups according to symptoms or tumor size (larger than 5 cm or not). Retrospective analysis was done between two groups.

Results: Twenty-eight patients were female and 10 patients were male with mean age, 49.6 ± 14.1 years (range: 24~72 years). The mean tumor size was 4.4 ± 2.8 cm (range: 1~11 cm). Seventeen patients (44.7%) presented with clinical symptoms and the rest (55.3%) were found incidentally. Ten (58.8%) cases