

Poster

1

Clinical Effect of a Clinical Pathway for Patients Undergoing Pancreaticoduodenectomy at the University Hospital

Department of Surgery, Kansai Medical University, Japan

S. Yamaki, S. Satoi, H. Toyokawa, H. Yanagimoto, T. Yamamoto, S. Hirooka, R. Yui, Y. Matsui, AH. Kwon

Introduction: Pancreaticoduodenectomy (PD) is still associated with high morbidity and mortality. There is little data to support the critical pathway use in this procedure. In June, 2004, the new departmental guidelines for peri-operative management of PD were introduced, and a clinical pathway (CP) for all patients undergoing PD was implemented for checking the expected clinical outcomes. The objective of this study is to determine the clinical effects of critical pathway implementation.

Patients and Methods: From June 2004 to January 2010, 178 consecutive patients underwent PD. Group A was consisted of 50 patients who were managed according to departmental guidelines (duct-to-mucosa anastomosis for pancreatojejunostomy, early removal of closed-suction drain, restrictive use of pancreatic and biliary duct stenting) between 2004-06. Group B was consisted of 78 patients who had no biliary and pancreatic duct stenting during reconstruction of PD between 2006-08. Group C was consisted of 50 patients who had reinforcement of pancreatojejunostomy between 2008-10. Clinical outcome data between each group, post-operative mortality and morbidity were analyzed. Clinical outcomes included the day of nasogastric tube removal (expected on pathway outline on POD1), discontinue prophylactic antibiotics (POD2), abdominal drainage tube removal (<POD6), starting oral intake (<POD7), and discharge home (<POD14). Criteria to control clinical outcomes were set in this study.

Results: No significant differences in demographic characteristics and intraoperative parameters between three groups except operative time. Expected clinical outcomes, including The removal rate of nasogastric

tube (66% in group A vs 92% in B or 90% in C, $p=0.004$), the day of discontinued prophylactic antibiotics (84% in group A vs 100% in B or 96% in C, $p=0.001$), drain removal (48% v.s. 91% or 94%, $p<0.0001$), and starting oral intake (68% in group A vs 97% in B or 96% in C, $p=0.001$), were significantly improved in group B or C, relative to those in group A. In comparison of discharge date, 62% in group B or 58% in group C discharged until POD14 expected on pathway outline, that was significantly better than 14% in group A ($p=0.001$). There were no significant differences in mortality and morbidity among them.

Conclusion: Over time, implementation of clinical pathway for patients undergoing PD was associated with improvement of clinical outcomes.

2

Pancreaticoduodenectomy after Chemoradiotherapy for Adenosquamous Carcinoma of Pancreas with Retroperitoneal Invasion

Department of Surgery, Chonnam National University Medical School, Korea

Eunkyu Park, Yang Seok Koh, Young Hoe Hur, Ho Hyun Kim, Byung Kwan Choi, Jin Shick Seoung, Jung Chul Kim, Hyun Jong Kim, Chol Kyoon Cho

Introduction: Adenosquamous carcinoma (ASC) of the pancreas is a rare tumor with an incidence of 3-4% of all pancreatic malignancies. These tumors are characterized by the presence of variable proportions of mucin-producing glandular elements and squamous components, the latter of which should account for at least 30% of the tumor tissue. Only a few case reports have been published about adjuvant chemoradiation therapy after resection of pancreatic ASC, but there are no report of neoadjuvant chemoradiation for unresectable pancreatic ASC.

Case: A 41-year-old man was admitted to our hospital with vomiting and epigastric pain. Imaging modalities including Abdominal ultrasound, computed tomography (CT) scan and magnetic resonance imaging showed a ill-defined mass measuring 5.4×3.7 cm in retroperitoneal space causing extrinsic compression of duodenal 3rd portion. At exploration