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Organ preserving pancreatic resections offers better long-term conservation of pancreatic function at the expense of significantly high perioperative major morbidity: A fair trade-off for benign or low malignant potential pancreatic neoplasms

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Introduction: Standard pancreatic resections often remove excess pancreatic parenchyma than required for tumors of low malignant potential (LMP) or benign neoplasms. We aimed to compare short and long-term outcomes following organ-preserving pancreatic resections (OPPAR) and standard pancreatic resections (SPR).

Methods: Data was collected from a prospectively maintained database of patients who underwent OPPAR or SPR for benign or LMP pancreatic tumors from January 2011 to January 2020 at Tata Memorial Hospital.

Results: 40 and 110 patients were identified in OPPAR and SPR groups respectively. The mean surgery duration (277 vs. 339 minutes, $p=0.006$) and mean blood loss (602 vs 937 mL, $p=0.01$) were significantly lower in patients who underwent OPPAR. Although the overall morbidity (57.5% vs 43.6%, $p=0.13$) was comparable, the major morbidity (42.5% vs 20.9%, $p=0.008$), post-operative pancreatic fistula (POPF) (65% vs 33.6%, $p=0.001$) and clinically relevant POPF (42.5% vs. 19.1%, $p=0.004$) were significantly higher in OPPAR. After a median follow up of 29 months the post operative endocrine insufficiency (10% vs 15.5 %, $p=0.39$), exocrine insufficiency (20 % vs. 0%, $p=0.002$) and requirement of long-term pancreatic enzyme replacement (18.2% vs. 0%, $p=0.004$) were higher in SPRs. Left sided SPRs had higher endocrine insufficiency (17.1% vs. 11.2%, $p=0.29$) and right sided SPRs had higher exocrine insufficiency (20% vs. 8.6%, $p=0.04$).

Conclusions: OPPAR should be considered for treatment of benign tumors and tumors of LMP with favorable features. Although the incidence of post-operative major morbidity and POPF is higher with OPPAR than standard resections, there appears to be long term functional benefit.

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