Morbidity of Left Pancreatectomy when Associated with Multivisceral Resection for Abdominal Mesenchymal Neoplasms

Mattia Berselli, Sara Coppola, Chiara Colombo, Elisabetta Pennacchioli, Marco Fiore, Alessandro Gronchi

Department of Surgery, “Istituto Nazionale dei Tumori”. Milan, Italy

ABSTRACT

Objectives To analyze the specific perioperative morbidity and mortality of left pancreatectomy in multivisceral resections for mesenchymal tumors. Patients This paper considers all patients treated at Istituto Nazionale Tumori, Milan, Italy, from January 1997 to May 2009 for resection of abdominal mesenchymal neoplasms requiring concomitant left pancreatectomy. Extension of surgery, pathology of both the tumor and the pancreatic tissue, completeness of resection, administration of pre- or post-operative treatments and post-operative outcome were analyzed. Overall survival of the entire population was also assessed. Results Fifty-seven patients affected by localized left retroperitoneal mesenchymal neoplasm or intra-abdominal gastrointestinal stromal tumor were identified. A macroscopically complete resection was achieved in all but 3 patients (5.2%) and a neoplastic involvement of pancreatic tissue was documented on pathology in 26 (45.6%) patients. Surgical postoperative complications occurred in 20 patients (35.1%); 7 patients (12.2%) developed postoperative pancreatic fistula. With a median follow-up of the alive patients of 32 months (interquartile range 20-42) the overall survival at 5 years was 62%. Conclusion Left pancreatic resection seems safe even if part of multivisceral resection for abdominal mesenchymal neoplasm. When margins are crucial for cure the left pancreas should be then resected, independently of its direct infiltration.