Topic : Biliary & Pancreas

RISK FACTORS FOR LYMPH NODE METASTASIS AND SURVIVAL OUTCOMES IN INTRADUCTAL PAPILLARY MUCINOUS CARCINOMA (IPMC)

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Background : Intraductal Papillary Mucinous Neoplasm (IPMN) is a prevalent precursor to pancreatic ductal adenocarcinoma (PDAC). Intraductal Papillary Mucinous Carcinoma (IPMC) represents PDAC derived from IPMN. Despite its clinical significance, there is no consensus on the extent of lymphadenectomy for suspected IPMC. This study aims to evaluate survival outcomes and identify risk factors for lymph node (LN) metastasis in IPMC.

Methods: We retrospectively analyzed 158 patients who underwent pancreatic resection for IPMC between 2007 and 2022. Patients were divided into LN-positive (n=53) and LN-negative (n=105) groups. Clinicopathologic features, overall survival (OS), and disease-free survival (DFS) were assessed.

Results : LN metastasis was present in 33.5% of cases. Median OS and DFS were significantly lower in the LN-positive group (21 and 10 months, respectively) compared to the LN-negative group (97 and 87 months, respectively; p < 0.001). Subtype analysis revealed worse outcomes in the gastric and pancreatobiliary types compared to the intestinal type. Risk factors for LN metastasis included the pancreatobiliary subtype (HR 4.75; p=0.005), gastric subtype (HR 3.13; p=0.043), lymphatic invasion (HR 3.43; p=0.009), venous invasion (HR 3.26; p=0.017), and perineural invasion (HR 2.59; p=0.026).

Conclusions : Lymph node metastasis in IPMC is associated with significantly reduced survival and increased recurrence. Subtypes, particularly gastric and pancreatobiliary, along with vascular and neural invasions, are independent risk factors for LN metastasis. Tailored lymphadenectomy may improve patient outcomes.

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