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Topic: Biliary & Pancreas

INCIDENCE OF DIABETES MELLITUS AND CONTRIBUTING FACTORS AFTER

DISTAL PANCREATECTOMY

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Background: Distal pancreatectomy (DP) increases diabetes mellitus (DM) risk. Identifying DM predictors and

understanding glycemic changes are critical for perioperative management. This study investigates clinical factors

contributing to DM following DP.

Methods: A retrospective analysis included 251 patients undergoing curative-intent DP at Seoul National University

Hospital (2008-2023). Postoperative CT classified transection level as body or tail using the aorta's left border. DM was

diagnosed if fasting blood sugar (FBS), postprandial glucose (PP2), or HbA1c met diagnostic criteria at 1-year follow-up.

AUROC-derived cut-offs categorized continuous variables, and logistic regression identified DM predictors.

Results: Among 251 patients, 104 underwent tail resection, and 147 body resection. DM incidence was higher in the

body group (62%) than the tail group (38%) (p \leq 0.001). Univariate analysis identified predictors: age \geq 53 (OR: 18.6; p \leq

0.001), preoperative hypertension (OR: 5.79; p = 0.020), ASA \geq II (OR: 4.97; p = 0.001), HbA1c \geq 6.0% (OR: 14.1; p =

0.010), FBS \geq 100 mg/dl (OR: 4.09; p = 0.007), PP2 \geq 160 mg/dl (OR: 18.3; p = 0.005), pancreatic ductal

adenocarcinoma (OR: 8.15; p = 0.042), transection on tail level (OR: 0.13; p < 0.001), and adjuvant chemotherapy (OR:

8.32; p = 0.040). Multivariate analysis confirmed age > 53 (OR: 12.7; p = 0.02) and distal transection (OR: 0.25; p =

0.042) as independent predictors.

Conclusions: Age and transection level are key predictors of DM after DP. Early identification of high-risk patients and

tailored counseling are essential to prevent DM. These findings emphasize proactive management in clinical practice.

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