

COMPARISON OF PROGNOSIS ACCORDING TO PREOPERATIVE BILIARY DRAINAGE (PTBD VERSUS ERBD) IN PATIENTS WITH RESECTED PANCREATODUODENECTOMY

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Background : This study aims to determine the effect of the type of preoperative biliary drainage (BD) (percutaneous transhepatic biliary drainage, PTBD or endoscopic retrograde biliary drainage, ERBD) on the prognosis of patients who underwent pancreatoduodenectomy (PD) for periampullary tumor (PAT).

Methods : This retrospective, single institution study included the patients who underwent PD for PAT from June 2006 to March 2021 in Severance Hospital. A total of 1097 patients were retrospectively analyzed, including who preoperatively performed PTBD or ERBD.

Results : A total of 1097 patients were divided into two groups: those with preoperative BD (PBD, N=730) and those without preoperative BD (NPBD, N=367). PBD group had more patients with preoperative jaundice and cholangitis ($p<0.001$). NPBD group underwent open PD more than PBD group ($p=0.018$). There was no statistically difference in postoperative complication between two groups. NPBD group had longer operation time ($p<0.001$) and PBD group had more intraoperative transfusion (0.003). A total of 730 patients with PBD were divided into four groups: PTBD (N=105), ERBD (N=607), PTBD &ERBD (N=18), ERPD (N=8). ERBD group had more patients with high BMI and DM ($p=0.036$, $p=0.021$). There was no statistically difference in postoperative complication between PTBD and ERBD. There was no statistically difference in overall survival and disease free survival between PTBD and ERBD ($p=0.075$, $p=0.578$).

Conclusions : PAT shows similar short term perioperative outcome and long term survival regardless of the type of preoperative BD (PTBD versus ERBD) in patients with PD.

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