



Original article

Outcomes of Pancreatic Surgery in Patients Older than 70 Years[☆]



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A B S T R A C T

Introduction: The proportion of elderly patients is growing rapidly. Knowing the results of pancreatic surgery in this group of patients would help surgeons to make therapeutic decisions. The objective is to evaluate the surgical outcomes of pancreatic resections in patients over 70 years.

Method: Retrospective study including patients undergoing pancreatic resection during the period 2009–2014. The sample was divided into 2 groups. G1: Patients under 70 years and G2: Patients older than 70 years. Surgical results between the 2 groups were evaluated.

Results: Seventy-three pancreatic resections were performed, 51 (70%) patients belonged to G1 and 22 (30%) to G2. There were no significant differences between G1 and G2 in terms of operative time and hospitalisation days. No significant difference was obtained in the incidence of delayed gastric emptying, pancreatic fistula or biliary fistula. The overall mortality in the series was 4.1% showing difference between both groups, with 2% in G1 and 13.6% in G2 ($P=.04$). When a sub-analysis in G2 was made, mortality in this group occurred only in patients with significant comorbidities with $ASA \geq 3$ ($P=.004$). Both groups with oncologic disease had similar overall survival and disease-free survival.

Conclusions: Age should not be a limiting factor for pancreatic resections. The elderly have similar results as younger patients and their increased perioperative mortality is due to the presence of important associated comorbidities rather than age as an independent risk factor.

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Resultados de la cirugía pancreática en pacientes mayores de 70 años

R E S U M E N

Introducción: La proporción de pacientes añosos está creciendo rápidamente. Conocer los verdaderos resultados de la cirugía pancreática en este grupo etario ayudaría para la toma de decisiones terapéuticas. El objetivo es evaluar los resultados quirúrgicos de resecciones pancreáticas en pacientes mayores de 70 años.

Palabras clave:

Cirugía pancreática

Resultados quirúrgicos

Pacientes añosos

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Métodos: Estudio retrospectivo que incluye a pacientes tratados mediante resección pancreática en el período 2009-2014. Se dividió la muestra en 2 grupos. G1: pacientes menores de 70 años y G2: pacientes mayores de 70 años. Se compararon los resultados quirúrgicos en ambos grupos.

Resultados: Se realizaron 73 resecciones pancreáticas; 51 (70%) pacientes pertenecieron al G1 y 22 (30%) al G2. No hubo diferencias significativas entre G1 y G2 en cuanto al tiempo operatorio ni a los días de internación. Tampoco se obtuvo diferencia significativa en incidencia de retardo del vaciamiento gástrico, fístula pancreática ni fístula biliar. La mortalidad global de la serie fue del 4,1%: del 2% en G1 y del 13,6% en G2 (p: 0,04). Al realizar un subanálisis en G2, la mortalidad en este grupo ocurrió únicamente en pacientes con comorbilidades significativas con ASA ≥ 3 (p: 0,004). Ambos grupos con enfermedad maligna presentaron similar sobrevida global y libre de enfermedad.

Conclusiones: La edad no debería ser un factor limitante para realizar resecciones pancreáticas. Los pacientes añosos presentan similares resultados quirúrgicos, y su mortalidad perioperatoria aumentada se debería a la presencia de comorbilidades importantes asociadas, y no a la edad como variable independiente.

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Introduction

Cancer of the pancreas is the fourth cause of mortality associated with cancer in the United States, with survival at 5 years of approx. 5%, showing the aggressive nature of this disease.¹ In spite of the advances in oncological therapies and the use of neoadjuvant and adjuvant treatments, complete resection (R0) is the sole possibility of cure in these patients. Unfortunately, the majority of patients are considered to be unsuitable for this at the moment of diagnosis, due to the presence of remote metastasis or locally advanced disease.²

Pancreatic surgery has historically been associated with a high rate of perioperative morbimortality.³ With the advances in surgical technique and postoperative care in recent decades, the results of surgery have substantially improved, attaining perioperative mortality levels lower than 2% in high volume hospitals. Nevertheless, operational morbidity in pancreatic surgery remains high: 30%–40% in the majority of cases.⁴

Due to demographic changes in recent decades the proportion of elderly people in the population has risen considerably. In 2025, 20% of the American population are expected to be older than 65 years old, compared with 12% now.⁵ Given that the incidence of oncological diseases increases with age, the number of elderly patients diagnosed with pancreatic cancer will increase in coming years.

The rising number of elderly patients with pancreatic disease will create a dilemma for many specialists, as they may have doubts about the treatment of these patients in comparison with younger ones because of their functional state, associated comorbidities and the natural history of the disease itself.

Several studies have described the results of pancreatic surgery in elderly patients, although their conclusions vary and are inconsistent. The majority of these studies report a significant difference in morbidity that is negative for the

elderly population.⁶⁻⁸ When mortality is analysed, some studies show no differences,⁹ while others state that mortality is higher in elderly patients.¹⁰

The aim of this study is to analyse the results of pancreatic surgery in an elderly population, to determine whether surgical treatment of these patients is effective.

Methods

A retrospective analysis was carried out using a prospective database that included a consecutive series of patients treated by pancreatic resection over a 5-year period (2009–2014) in a referral hospital.

The sample was divided into 2 groups, depending on whether patients were younger or older than 70 years old (G1: younger than 70 and G2: older than 70). Demographic, clinical presentation, type of surgery, surgical results and pathological variables were compared in both groups. A sub-analysis was also undertaken for those patients with adenocarcinoma, comparing the oncological outcomes in both groups.

The preoperative morbidity of patients was categorised according to the American Society of Anaesthesiologists (ASA) score: I healthy patient, II slight systemic disease, III serious systemic disease, IV serious and incapacitating systemic disease, and V terminal patient.

In all cases surgery was performed by the specialists of the Hepatobiliopancreatic Surgery Department, and surgical specimens were analysed by the same pathologist, who determined the surgical margins and pathological stage.

Preoperative mortality was defined as that occurring during admission or in the 30 days following the operation. Specific complications included in the study were: pancreatic fistula, delayed gastric emptying and biliary fistula. The guidelines of the International Study Group on Pancreatic Surgery (ISGPS) were used to diagnose and classify the pancreatic fistula as well as delayed emptying.

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