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Impact of body constitution on complications following pancreaticoduodenectomy: A retrospective cohort study

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Abstract

Background

Overweight, defined by body mass index (BMI), is correlated to complications following pancreaticoduodenectomy (PD). The aim of this study was to evaluate the impact of body constitution, measured with different anthropometric measures, and diabetes on complications following PD.

Materials and Methods

Patients who underwent PD between 2000 and 2015 at Skåne University Hospital were retrospectively included. Body mass index (BMI), body surface area (BSA) and body fat percentage (BF%) were calculated. Overweight and obesity were defined by BMI according to the WHO classification (overweight ≥ 25 and obesity ≥ 30). Values equal to or above the median value were considered as large by BSA (≥ 1.87) and overweight by BF% ($\geq 29.6\%$ (male) and $\geq 38.9\%$ (female)). Main endpoints were events of postoperative pancreatic fistula (POPF), post pancreatectomy hemorrhage (PPH), delayed gastric emptying (DGE) and complications classified according to the Clavien-Dindo classification. Multivariable analysis was performed using logistic regression and a subgroup analysis on diabetic patients was performed.

Results

In total 328 patients were included. The incidence of POPF grades B and C was increased among overweight and large patients defined by BMI (OR 4.16; $p=0.001$), BSA (OR 2.88; $p=0.018$) and BF% (OR 3.94; $p=0.001$). However, the risk was not increased among diabetic patients with $BMI \geq 25$ and $BMI \geq 30$. DGE and complications classified as Clavien grade ≥ 3 were more common in patients defined as overweight by both BMI (OR 1.72; $p=0.024$ and OR 2.63; $p=0.003$, respectively) and BF% (OR 2.13; $p=0.001$ and OR 2.31; $p=0.009$, respectively). PPH was not more frequent in overweight or large patients.

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