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Pancreaticoduodenectomy with en-bloc resection of total anterior and posterior mesopancreas for resectable pancreatic head cancer: A new concept which improves long-term overall survival of patients

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Background: The concept of the mesopancreas and whether combined total mesopancreas excision in patients with resectable pancreatic head cancer who undergo PD should be carried out are controversial. As local recurrence is common after PD, the concept of extending local resection to include the anterior and posterior mesopancreas has been developed by us.

Objective: To evaluate the safety and efficacy of pancreaticoduodenectomy (PD) with en-bloc excision of total anterior and posterior mesopancreas (TMpE) in patients with resectable pancreatic head cancer.

Methods: This is a retrospective comparative study on all consecutive patients who underwent either conventional PD (the PD group) or PD combined with en-bloc resection of total anterior and posterior mesopancreas (the TMpE group) during the study period.

Result: Of 244 patients, 26 patients were excluded based on predetermined criteria. Of the remaining 218 patients, 98 patients were in the PD group and 120 patients in the TMpE group. There were no significant differences in the preoperative characteristics between these 2 groups. The operative time was significantly longer, and the intraoperative blood loss was significantly more in the TMpE group. There was no significant difference between the PD and the TMpE groups in the duration of hospital stay (17.7 days vs. 17.2 days), 90-day mortality rates (1.7% vs. 2.0%) and postoperative complication rates (43.3% vs. 46.9%), respectively (all $p>0.05$). Using the modified Leeds Pathological Protocol, the R0 resection rates on histopathological study were 71.7% vs. 52.0%, respectively, ($p<0.01$). The significant difference was contributed mainly by the mesopancreas margin (66.7% vs. 49.0%, respectively, $p<0.01$). At the time of censor of the study, the postoperative tumor recurrence rates of the PD and the TMpE groups were 79.6% and 55.0%, respectively, with a significant difference in local tumor recurrence rates (41.0% vs. 21.2% respectively, $p=0.01$). The 2-year overall survival rate and the median survival rate for the PD group were 40.8% and 18.4 months, respectively. The corresponding figures for the TMpE group were 60.0% and 23.4 months. Univariate and multivariate analyses showed that N staging, R0 resection and surgical types were independent factors of overall survival.

Conclusions: TMpE was safe and feasible when compared with conventional PD. Improvements in the R0 resection rate, especially on the mesopancreatic margin, contributed to a lower postoperative local recurrence rate and better overall survival rate in the TMpE group of patients. This study suggests TMpE to be an effective surgical technique which can improve prognosis of patients with resectable pancreatic head cancer. This study needs to be validated by randomized comparative studies.

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