Methods: Retrospective review of all patients with biopsy-proven nonfunctioning PNETs that are smaller than 2 cm and asymptomatic that underwent resection or observation at the Tel-Aviv Medical Center between 2001 and 2017. Results: 19 patients with small asymptomatic, biopsy-proven low grade PNET with a Ki67 <3% were observed for a mean of 43 months. DOTATOC PET scan was completed in 74% of patients and demonstrated uptake in the pancreatic tumor and no metastases. None of the patients developed tumor local or systemic progression. 33% of patients completed in 74% of patients and demonstrated uptake in the pancreatic tumor and no metastases. None of the patients completed in 74% of patients and demonstrated uptake in the pancreatic tumor and no metastases. None of the patients underwent resection. Significant complications (Clavien-Dindo grade ≥ 3) developed in 6 patients (18%), mostly due to pancreatic leak, including one mortality (3%). On pathological evaluation, 3(9%) tumors were grade 2, 2(6%) had perineural invasion, and 3(9%) had lymph node metastases. After a mean follow-up of 53 months, a single case of tumor recurrence was diagnosed 5 years after surgery. The patients underwent resection and are alive 11 years from initial operation. Conclusion: In this study, after a mean follow-up of 3.5 years, no tumor progression was noted in patients observed with small, asymptomatic, well differentiated PNET. Surgery in patients with small PNETs is associated with significant morbidity and mortality. Although pathological evaluation demonstrated significant risk for intermediate grade tumors, perineural invasion, and lymph node metastases, risk of recurrence is low. Observation can be considered in selected for small, low grade PNETs.

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THE ANTERIOR SECTOR VENOUS DRAINAGE USING SUPERFICIAL FEMORAL VEIN GRAFT IN RIGHT LOBE LIVING DONOR LIVER TRANSPLANTATION


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Background: In living donor liver transplantation (LDLT), to reconstruct the middle hepatic vein (MHV) tributaries, the great saphenous vein, external iliac vein, and ovarian vein as well as portal vein or hepatic vein from the removed liver have been usually used as vein graft because of easy availability, however, these vessels had disadvantages regarding there caliber and length.

Methods: The superficial femoral vein (SFV) has similar caliber as MHV and enough length (about 15 cm) of SFV can be harvested from the recipient with no major complication. We decided to use SFV to reconstruct MHV tributaries and apply these technique to 2 recipients of the right lobe LDLT.

Results: MHV tributaries were reconstructed using SFV graft in end-to-side anastomosis fashion during bench surgery. After anastomosis, SFV graft looked exactly same as MHV itself. For graft implantation, the donor right hepatic vein (RHV) was anastomosed first, then portal reconstruction was performed followed by reperfusion. After reperfusion, SFV graft was anastomosed to IVC on the left side of RHV anastomosis site. This technique was indicated in two cases of our LDLT. First case was 49-year-old male patient suffering from alcoholic liver cirrhosis.

Both V5 and V8 tributaries were considered to be necessary to reconstruct by preoperative 3D simulation of perfusion area. Both V5 and V8 were reconstructed using SFV graft. Second case was 62-year-old male patient suffering from HBV cirrhosis and HCC. V5 tributary was reconstructed using SFV graft. All these tributaries have been patent excellently on 17 and 13 months after LDLT, respectively.

Conclusion: MHV tributaries reconstruction using recipient’s SFV might be feasible and effective method in LDLT.

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A SINGLE CENTER EXPERIENCE WITH DIAGNOSTIC LAPAROSCOPY PRIOR TO PLANNED PANCREATIC RESECTION

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Background: Diagnostic laparoscopy (DL) in patients with pancreaticobiliary lesions may detect surface metastases not appreciated on preoperative imaging. However, routine DL has not yet been established as the standard of care. This study sought to examine the utility of DL prior to pancreatic resection, and investigate risk factors for positive DL.

Methods: This study was a retrospective review of patients with planned surgical resection for pancreaticobiliary malignancies by a single surgeon at UC Irvine from January 1, 2011 to June 30, 2017. The outcome of interest was a positive finding on DL. Patients with and without positive DL findings were compared. Variables included age, gender, year, diagnosis, operation, pre-operative serum levels of CEA, CA 19-9, and CA 125, neoadjuvant therapy, imaging modality, and imaging location. Univariate and multivariate analysis was performed to determine associations between the listed variables and the outcome of interest.

Results: A total of 247 patients underwent DL. Positive findings occurred in 31 (12.5%) patients, of which 20 were liver surface metastases, 10 were peritoneal implants, and one was local advancement. Median serum CA 19-9 level for patients with positive DL was 115 U/mL, compared to 44 U/mL for negative DL patients (p = 0.016). On univariate analysis, planned distal pancreatectomy and splenectomy was associated with higher odds of positive DL (OR 6.24; p < 0.001). A CA 19-9 level <130 U/mL was not associated with decreased odds of positive DL. No single factor predicted positive DL on multivariate analysis.

Conclusion: Diagnostic laparoscopy can identify patients with metastatic disease, even in the setting of standard preoperative imaging. Contrary to previous studies, we did not find predictive factors to determine whether a patient should undergo DL or not. Consideration should be given for routine DL.