Outcomes of Surgical Pancreatic Necrosectomy in Non-Obese versus Obese

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Introduction and Objectives

- Acute necrotizing pancreatitis is associated with high morbidity and mortality. Obesity may impact surgical outcomes due to the associated systemic proinflammatory state.
- This study aimed to compare surgical necrosectomy outcomes between obese and non-obese subjects.

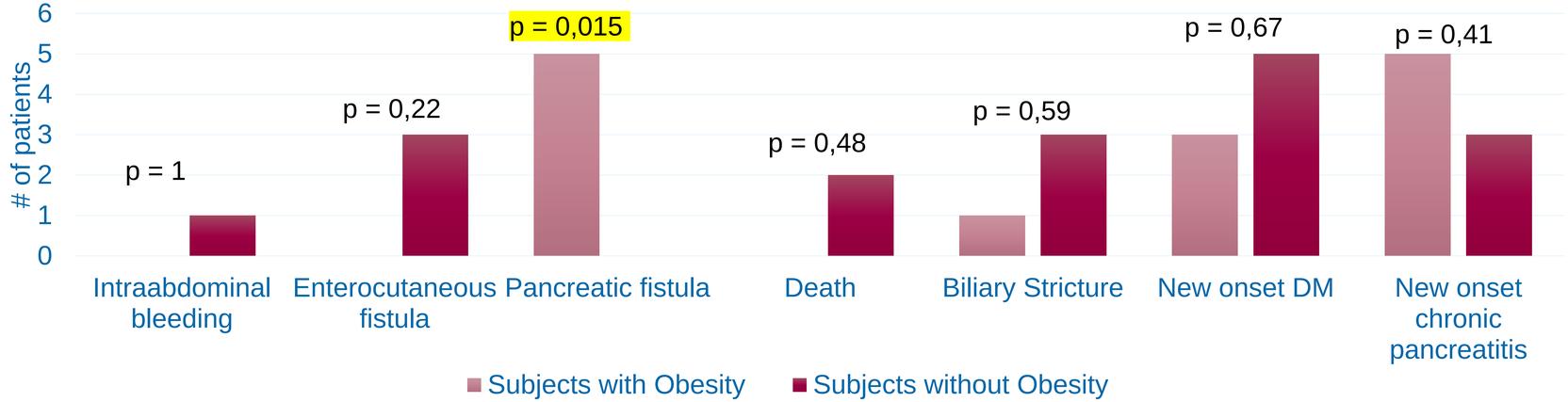
Methods

- Retrospective chart review for patients who had surgical necrosectomy with minimally invasive approach (MIA) or open approach (OA), over ten years.
- Divided in: **obese (BMI ≥30 Kg/m^2)** and **non-obese (BMI<30 Kg/m^2).**
- Primary endpoint → Incidence of any early complications or postoperative death.
- Secondary endpoint → Incidence of any long term complication.

Results

- 25 patients (MIA:15; OA:10) were included with 13 (52%) non-obese, and 12 (48%) obese. Average age was 56.60 ± 17.01 years, with male (56%, n=14) and caucasian (76%, n=19) predominance.
- Preoperative variables were comparable between groups except for the CT-severity index and the extension of the pancreatic necrosis, which were higher for the obese subjects.
- Operative time, excess blood loss, and length of stay were similar, but the incidence of pancreatic fistula was higher in obese subjects.

Early and long term complications



Conclusion

Surgical necrosectomy appears to be safe and effective regardless of the patient BMI. Operative outcomes of obese subjects seem to be comparable to non-obese patients, except for an increased incidence of pancreatic fistula.

References

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