



Total pancreatectomy—when and why?

Stojan Potrč, Arpad Ivanecz, Bojan Ilijevec, Tomaž Jagrič, Matjaž Horvat, Irena Plahuta, Tomislav Magdalenic
Klinični oddelek za abdominalno in splošno kirurgijo, UKC Maribor

Correspondence: potrc13@gmail.com

Slovenian Journal of Gastroenterology / Gastroenterolog 2025; supplement 1: 19

Keywords: *pancreatectomy, pancreas, complications*

BACKGROUND

Total pancreatectomy (TP) is no longer as uncommon as it once was. However, controversy remains regarding the decision between pancreaticoduodenectomy (PD) and TP in selected cases.

METHODS

This single-center retrospective analysis aimed to assess the indications for TP and compare it with PD in terms of perioperative morbidity, mortality, and long-term survival. Data were collected from patients who underwent pancreatic resection for malignant or premalignant lesions between January 2019 and December 2024.

RESULTS

A total of 234 pancreatic resections were performed during the study period, including 122 PDs and 35 TPs. The gender distribution was similar (58.2% male in PD vs. 60% in TP). The mean age was 66.7 years, with no significant difference between the two groups ($p = 0.339$). Patients undergoing TP had significantly higher comorbidity burdens (ASA III–IV: 45.7% vs. 27.9%; $p = 0.038$). Indications for TP included oncological reasons (15 patients, including 2 with vascular resections), high-risk pancreatic anastomosis (16 patients, 2 with vascular

resections), and isolated vascular involvement (4 patients). There were no significant differences in major morbidity (CDC > IIIa: 27.8% vs. 21.5%; $p = 0.431$), 30-day mortality (2.8% vs. 3.3%; $p = 0.874$), or 90-day mortality (5.6% vs. 5.8%; $p = 0.959$). Vascular resections were significantly more frequent in the TP group (27.8% vs. 9.1%; $p = 0.004$). Overall and progression-free survival were comparable between groups.

CONCLUSIONS

TP can offer surgical and oncological outcomes comparable to PD and may prevent complications such as grade C pancreatic fistula. While TP is clearly indicated for oncologic reasons, it may also be a suitable option in selected high-risk patients, particularly those with poor general condition, high ASA scores, soft pancreas tissue, and insulin-dependent diabetes.