

Cite this as: Jia-fei YAN, Tian-tao KUANG, Da-yong JI, Xiao-wu XU, Dan-song WANG, Ren-chao ZHANG, Wei-wei JIN, Yi-ping MOU, Wen-hui LOU, 2015. Laparoscopic versus open distal pancreatectomy for benign or premalignant pancreatic neoplasms: a two-center comparative study. *Journal of Zhejiang University-Science B (Biomedicine & Biotechnology)*. **16(7):573-579.** [doi:10.1631/jzus.B1400257]

Laparoscopic Versus Open Distal Pancreatectomy for Benign or Premalignant Pancreatic Neoplasms: A Two-Center Comparative Study

Key words: Laparoscopy, Distal pancreatic resection, Pancreatic neoplasm, Splenic preservation, Pancreatic benign tumors

Research Summary

The treatment for pancreatic body and tail neoplasms

Laparoscopic distal pancreatectomy *Open distal pancreatectomy*

LDP(45 cases)






ODP(46 cases)




V.S.

Innovation points

-  All the pancreatic lesions in the two groups were benign or low grade malignant.
-  The LDP and ODP were done by two separate surgeon teams in two hospital.
-  The high rate of splenic conservation in the LDP group .


Innovation points



lower blood loss (LDP 122.6 ± 61.1 ml vs ODP 203.1 ± 84.8 ml)



lower post-operative complication (LDP 26.7% vs ODP 43.5%)



shorter hospital stay (LDP 7.9 ± 3.8 day vs ODP 11.9 ± 5.8 day)



equal pancreatic fistula rate (LDP 15.6% vs ODP 19.6%)



LDP is safe and effective for pancreatic neoplasms, featuring lower blood loss and substantially faster recovery.