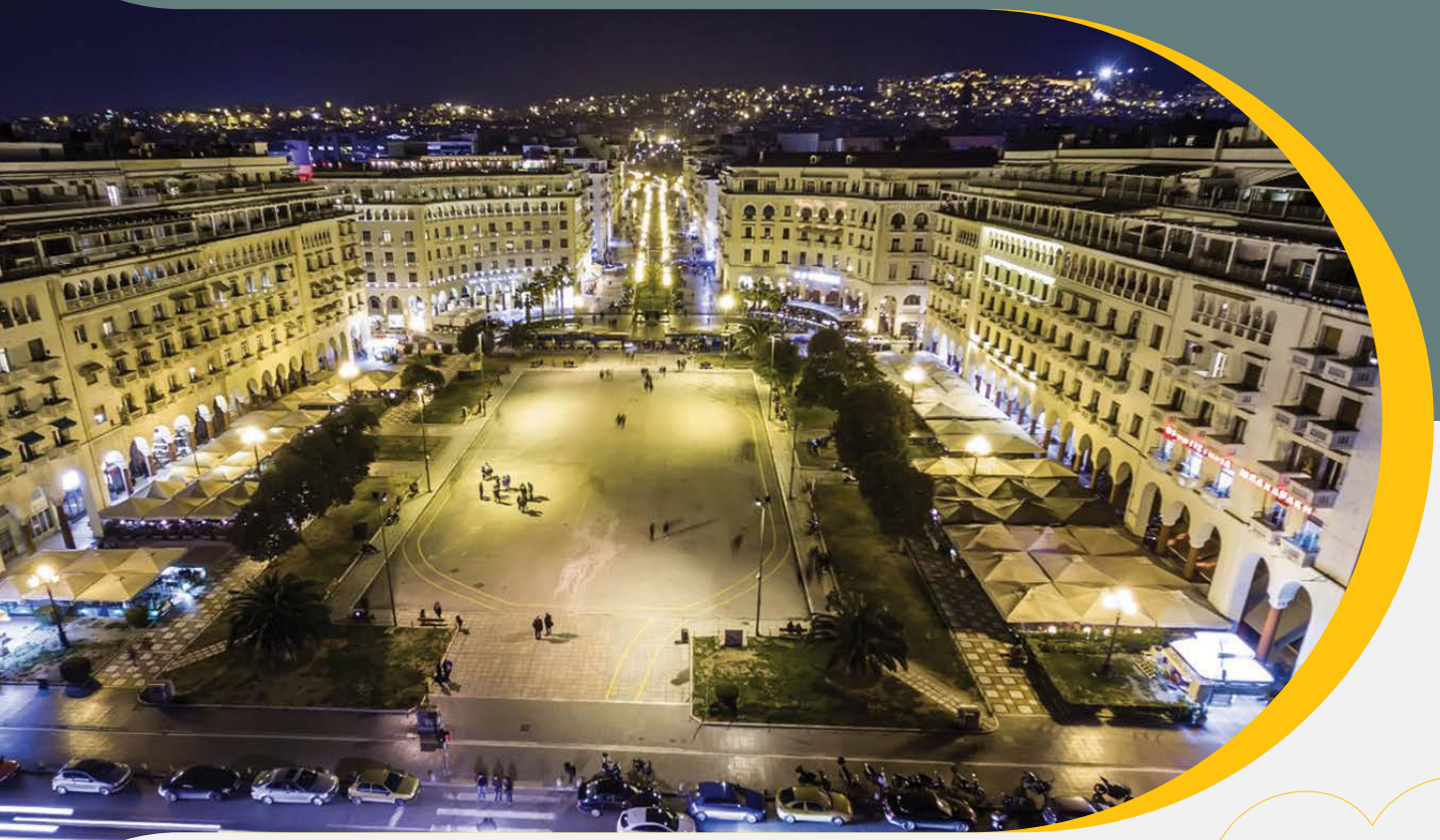


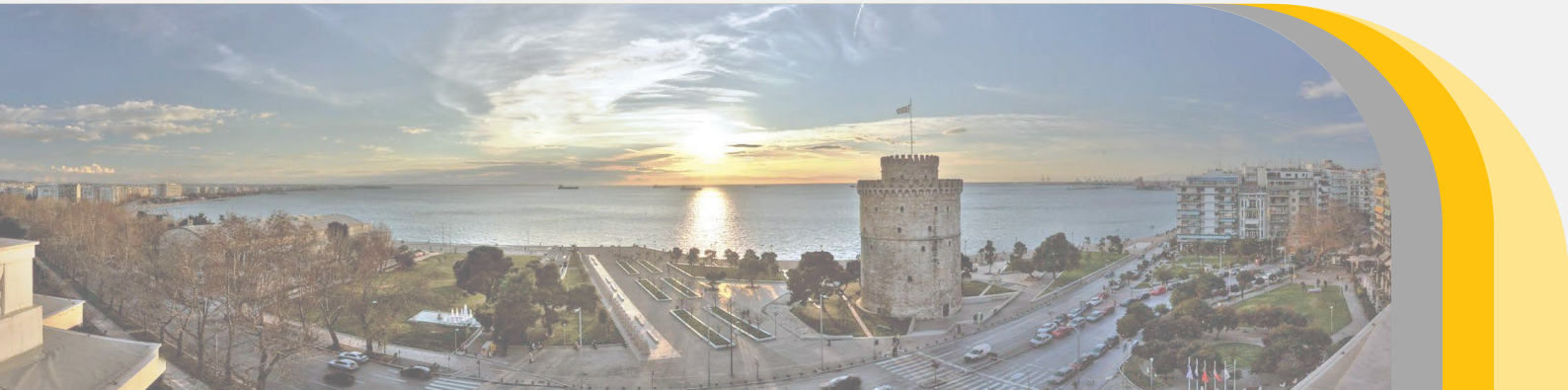
5th EUASSO Congress

EUROPEAN | ASIAN SOCIETY OF SURGICAL ONCOLOGY

Porto Palace Hotel
Thessaloniki, Greece

October 5th-6th 2019

Abstract Book



WELCOME ADDRESS BY THE PRESIDENT OF EUASSO

Dear Participants,

On behalf of all the organizers to this 5th EUASSO Conference on Surgical Oncology, it is my great pleasure to welcome you to Thessaloniki, a city with 24 centuries of uninterrupted history.

The 2018 congress mission is to give medical and scientific information on a range of malignancies and management.

The congress will deal with tumors of different origin such as head and neck, breast, colorectal, oesophago-gastric, pancreatic, hepatic and cutaneous ones as well as peritoneal carcinomatosis, sarcoma and melanoma.

The congress focus is to approach all these in a multidisciplinary manner sharing our experience with some of the most eminent international oncologists and surgeons.

The target audience includes healthcare practitioners in the field of surgical oncology, clinical oncology, gastroenterology and radiology. The programme will also include satellite meetings addressed to nurses in these fields.

The spirit of the meeting has always been very open, especially for younger colleagues who are starting to react to stimuli deriving from their ability and experience.

It is my personal goal to interact with each of you individually during the meeting.

I wish you a warm welcome to Thessaloniki.

Prof. Giuseppe Petrella
President of EUASSO

WELCOME ADDRESS BY THE EXECUTIVE PRESIDENT OF EUASSO

Dear Friends and Colleagues,

On behalf of the European-Asian Society of Surgical Oncology, I am honored to welcome you all to our fifth official Annual International Conference.

EUASSO 5 will be held on the land of ancient cultures, of Great scientists and doctors, and of Hippocrates and Socrates where the culture of high intellectual philosophy has been cross-fertilised with medicine, giving us for example the first anti-venom a number of diseases. And the first line of treatment for cancer.

This fifth conference will unite the two biggest and oldest continents on earth by discussing all updates in the treatment and diagnosis of cancer. This forum is one of the most interesting multidisciplinary ones in the Euro-Asiatic area.

We invite our speakers to enrich us with their experience, knowledge and wisdom, by presenting their research on how to fight this fatal disease which drains health, power and resources from humanity. This exchange of knowledge will be made in this land in full respect to our cultural differences and in scientific harmony with all researchers.

We will also try to emerge out with a consensus regarding current topics in the management of cancer, which will be discussed in our round tables.

There will be a range of workshops and all this is organized with our Greek colleagues. So we look forward to welcoming and wishing everyone a happy and pleasant stay, while enjoying the fruits of this scientific meeting.

Wishing you all the best and I am looking forward to seeing you in Thessaloniki.

Sincerely,

Prof. Taha Mohsin Al-Lawati, MB.ChB., FRCS. AFSA.PhD
Executive President of EUASSO

WELCOME ADDRESS BY THE PRESIDENTS OF THE CONGRESS

Dear Colleagues,

It is a great pleasure to announce that the **5th EUASSO Congress** will be held on **October 5th- 6th 2018** at Porto Palace Hotel in Thessaloniki, Greece.

Firstly we would like to thank the President of EUASSO Prof. Giuseppe Petrella and the Board of Directors of EUASSO for choosing to organise the Congress in our hospitable city.

Colleagues from Europe, Saudi Arabia, Oman and Asia will exchange ideas and knowledge considering the treatment options for all types of cancer. The Scientific Program includes round tables and short lectures concerning the treatment and economical management of pancreatic, gynecological, breast and lung cancer.

We would like to thank you in advance for coming and we are looking forward to seeing you in what is promising to be a very interesting Congress.

Sincerely Yours,

The Presidents of the Congress

John Spiliotis
Surgical Oncologist,
Director and Chairman of the Peritoneal Surface Malignancy Unit, European Interbalkan Medical Center Thessaloniki,
Athens Medical Center, Athens, Greece

Kyriakos Souliotis
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AIM OF EUASSO

EUASSO
EUROPEAN | ASIAN SOCIETY OF SURGICAL ONCOLOGY

EUASSO's mission is to promote excellence in surgical oncology in the Euro-Asian continent through patient-centred care.

Involvement of all parties is therefore paramount, as is the need for efficient channels of conversation. All actors - lay and professional, at home, at the clinic or consulting remotely - must be engaged and coordinated at all times.

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ORAL PRESENTATIONS

ORAL PRESENTATIONS

001 ROBOTIC APPROACHES FOR RECTAL CANCER

Konstantinidis H., **Charisis C.**

Robotic General and Oncologic Surgical Department, Interbalkan Medical Centre of Thessaloniki, Greece

Object of study: Surgical treatment of rectal cancer often involves difficult conditions of exposure during the pelvic dissection, often requiring laborious dissection, which compromises the total mesorectal excision. Robotic technique is very promising in overcoming the limitations of both open and laparoscopic surgery in this field. With this presentation, our goal is to emphasize on the short and long-term advantages of the robotic approach in low anterior rectal resection and to discuss technical considerations for the performance of this particular procedure.

Methods: We present a short review of the literature for the treatment of rectal cancer with the robotic techniques and also video abstracts of robotic assisted low anterior resection procedures, performed by our surgical team, focusing on the strategy to achieve total mesorectal excision and very low pelvic dissection.

Results: Both the literature and our experience show that robotic techniques, especially during lower pelvic dissection offer speed, great exposure and accuracy in order to achieve proper excision planes, and ability for very low rectal dissection. It also provides very high-quality specimens, concerning the number of the harvested lymph-nodes, the distal and the circumferential round margin.

Conclusions: Surgical treatment of rectal cancer with the robotic approach, overcomes the technical disadvantages of other techniques, combining excellent oncological outcome, avoidance of a number of conversions to open or abdominoperineal resections and reduction of the fatigue of the surgical team.

ORAL PRESENTATIONS

002 ROBOTIC ESOPHAGECTOMY

Konstantinidis H., **Charisis C.**

Robotic General and Oncologic Surgical Department, Interbalkan Medical Centre of Thessaloniki -Greece

Object of study: Conventional surgical treatment of esophageal cancer is related to significant postoperative morbidity and mortality, due to its highly invasive character. Robotic surgery, with its numerous innovations, improves the outcomes and minimizes morbidity and mortality rates. Our aim is to highlight the benefits of robotic approach in such cases, according to the international literature and our experience in the field and also to discuss technical matters for the performance of the operation.

Methods: We present an overview of the literature concerning robotic esophagectomy and its outcomes and also video fragments of a series of fully robotic Ivor-Lewis procedures performed by our team, in order to discuss technical issues on the matter.

Results: Robotic esophagectomy offers rapid postoperative recovery, minimal or no ICU stay, reduced time of hospitalization and decreased morbidity. From an operative point of view, it facilitates the accomplishment of the esophagogastric anastomosis, and favours radical lymphatic dissection. Prone positioning of the patient during the thoracic phase offers better exposure and avoids lung injuries due to lack of lung manipulation.

Conclusions: The advantages of the robotic approach in the surgical treatment of esophageal cancer concern, both the intraoperative and the postoperative course and combined with the meticulous oncologic dissection, makes it a technique which overcomes most disadvantages of both laparoscopic and open approaches.

ORAL PRESENTATIONS

003 ACCELERATED RADIOTHERAPY IN STAGE III NON-SMALL CELL LUNG CANCER (NSCLC)

Karaulli E., Kraja F., Spahiu O., Hoti A., Nina H.

University Clinic of Oncology, University Hospital Center "Mother Teresa", Tirana, Albania

Background: Radical radiotherapy plays a major role in the treatment of NSCLC in patients medically or surgically inoperable. Advances in radiotherapy technology allow hypofractionated radiotherapy regimes with minimizing the dose to organs at risk.

Aim: To evaluate the efficacy and toxicity rate of accelerated radiotherapy in stage III NSCLC.
Methods: We analyzed retrospectively the data of 11 consecutive patients with stage III NSCLC treated with accelerated 3DCRT at the University Hospital Center Mother Teresa, during 2017-2018. Conventional treatment constrains were used. Tumor response and toxicity were evaluated using the Response Evaluation Criteria in Solid Tumors (RECIST) and the Common Terminology Criteria for Adverse Events (CTCAE) v4.0.

Results: The mean age of patients was 64 ±9 years (range 52-83 years). The male to female ratio was 10:1. The median follow up was 10 months (range 3- 13 months). The prescribed radiotherapy dose was 60.5 Gy with 2.75 Gy per fraction. Full course of chemotherapy was performed in 9/11 patients and 2 patients were unfit for chemotherapy. Complete response was observed in 3/ 11 patients (27%) and partial response in 73%. The common side effect was esophagitis, in 36% of the patients. No G4 toxicity was observed and 1 patient had G3 toxicity.

Conclusion: Our study provides the first evidence of the accelerated RT in NSCLC in the Albanian clinical practice. It shows a high compliance with good local control and very low toxicity rate. Further studies should be focused to clarify which patient subgroup will benefit most from this treatment modality.

ORAL PRESENTATIONS

004 PREGNANCY-ASSOCIATED BREAST CANCER, THE ROYAL HOSPITAL EXPERIENCE

Alrahbi S., Al-lawati T., Alnoor Sh.
The Breast Unit, Department of General Surgery, The Royal Hospital, Muscat

Introduction: Breast cancer is the most common malignancy in pregnancy. It occurs in one out of 3,000 pregnant women and is mostly invasive ductal carcinoma. Delay in the Diagnosis is common due to the physiological changes of the breast during pregnancy (larger, denser, tender, and difficult to detect abnormalities) and also because of the fear of radiation exposure to the fetus.

Objective: this study was conducted in order to determine the incidence of breast cancer during pregnancy at the Royal Hospital and the outcome of treatment on both the patient and the fetus.

Method: we did a retrospective analysis of all breast cancer patients treated at the Royal Hospital from January 2010 to January 2016. All pregnant and lactating patients with breast cancer included in the analysis.

Results: We found 665 newly diagnosed breast cancer cases in the above period. 521 (78 %) patients were below the age of 45. Fifteen (2.25 %) cases were pregnant. The mean age at diagnosis was 35.3 years (31-42).The mean follow up time was 28.13 months (10-58). Seven patients (47 %) of those diagnosed during pregnancy had locally advanced breast cancer at diagnosis (T3 and T4) and 10 patients had regional lymph node metastasis. All 15 cases were M0 at presentation but three of them developed distal metastasis on follow up. Seven (46.6 %) cases undergone mastectomy and 8(53.3 %) cases had breast conserving treatment. No case had termination of pregnancy and all delivered babies were healthy.

Conclusion: In Oman, where the population is young, pregnancy related breast cancer is within the international figures. Termination of pregnancy is not essential for the treatment. Breast conserving surgery is possible in early stage in the 2nd and the 3rd trimester. Antenatal check up should always include breast examination to detect any breast lumps during pregnancy.

ORAL PRESENTATIONS

005 NEW ERA IN ALBANIA IN THE TREATMENT OF BREAST CANCER USING IMMEDIATE BREAST RECONSTRUCTION WITH PROSTHESIS AND BIOLOGICAL MESH

Helidon N.[1], Petrella G.[2], Mergo K.[3], Varvaras D.[2]

[1]Mastology Service at Hygeia Hospital, Tirana, Albania
[2]Department of Experimental Medicine and Surgery, University Hospital "Tor Vergata", Rome, Italy 3Department of Social Work, Faculty of Social Science, Tirana University, Albania

Introduction: In Albania last years is seen increasing numbers of patients with breast cancer and most important is the fact that in our daily work in clinics there are a lot of young patients with this diagnose. For all patients is important to offer the right oncological treatment and minimum esthetical disfigurement, especially for young patients. Even in Albania have started the implementation of use of immediate breast reconstruction using biological mesh & prosthesis in patient operated for breast cancer, offering optimal solution in one time. In this presentation is the first patient operated for breast cancer using this technique with biological mesh (ADM).

Case presentation: At the Ambulatory of Breast Surgery at Hygeia Hospital Tirana, Albania (private hospital), on 10th October 2014 was presented a 49-year-old female patient, with medical complaint of a nodule in her right breast. In her anamnesis she referred that her mother was treated with breast cancer. At palpation of the right breast, it was evident one mass of 2 cm on the upper outer quadrant, without skin retracing, and a mobile nodule of 1 cm in the right axillary region. Fine needle aspiration shows C5 (mammary carcinoma). After all imaging and laboratory examinations (ultrasound of: breast, neck, abdominal; RX of chest; tumoral markers Ca 15-3 and CEA; all blood tests) this case was diagnosed as right breast cancer T2 N1 M0. This case was selected to be underwent to surgical procedures: right nipple sparing mastectomy (NSM) and immediate breast reconstruction using prosthesis and biological mesh(AMD) and sentinel lymph node biopsy Was performed lymphoscintigraphy with technetium. Surgery started with sentinel lymph node biopsy that revealed isolated tumour cells (ITS), followed by nipple sparing mastectomy, with immediate reconstruction using prosthesis and biological mesh (ADM). There were two day of post operatory period without problems, and the patient left the hospital with dreange. The definitive biopsy of the breast nodule resulted: infiltrative carcinomatous subtype medullar, pT1c N0(i+)Mx; IHC: ER 0%, PR 0%, Her-2/neu 0, Ki67 60%. It was suggest to patient to perform the preventive breast surgery to the left breast, due to the positivity in her anamnesis. The patient started chemotherapy 4 cycles: doxorubicin 50 mg 2 fl and endoxan 500 mg 2fl per day therapy, every 3 weeks, followed by doxetaxel 80 mg 2 fl per day, every 3 weeks, 4 cycles. All the clinical visits following the period after surgery and chemotherapy were without any problem and very good aesthetical situation. She was satisfied with booth results: treatment of the oncological problem and avoidance of breast disfigurement. She has a very good psychosocial situation, as evaluated by the psychosocial service, made during patient's interview.
In September 2017 the patient was diagnosed with earlier left breast cancer and has performed the same type of surgery in USA, where she was staying. Now is having periodical visit.

ORAL PRESENTATIONS

006 RENAL AUTO-TRANSPLANTATION FOR COMPLEX RENAL MALIGNANCIES

Vrakas G., Mavroeidis V.K., Sullivan M.

Oxford Transplant Centre, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom

Background: Partial nephrectomy is the gold standard treatment for patients with T1-2 renal tumours within a solitary kidney. Ex-vivo partial nephrectomy and renal auto- transplantation (EPN) can be used to treat complex renal tumours unsuitable for conventional treatment modalities.

Methods: Patients with highly complex T1-2 renal tumours in solitary kidneys were managed with EPN at our institution. All patients underwent a radical nephrectomy followed by cold perfusion and bench dissection of the tumours. After renal reconstruction the kidneys were auto- transplanted.

Results: A total of 33 patients with renal cell carcinoma were treated with EPN (median age 64, range 37-82). The median tumour size was 6.3 cm; 31/33 patients had a RENAL nephrometry score greater than 10 (94%). EPN surgery was associated with a Clavien III-V complication rate of 55%. Over a median follow up of 54 months the cancer specific survival was 96%, the overall survival 88% and recurrence free survival 79%. 82% of patients still alive are currently dialysis free.

Conclusion: EPN offers patients with complex renal tumours and solitary kidneys an excellent chance of oncological control and avoidance of long-term dialysis. EPN should be considered before rendering a patient anephric and committing them to long-term dialysis.

ORAL PRESENTATIONS

007 SURGICAL TREATMENT OF COLORECTAL CANCER IN THE ELDERLY. THE EXPERIENCE OF A SECONDARY HOSPITAL

Paschos K., Kariotis I., Baretas N., Paraskeva A., Chatzigeorgiadis A.

General hospital of Drama, Drama, Greece

Colorectal cancer (CRC) is the second cause of cancer death in the western world and mainly affects old people.

Aim: To present the experience of a secondary hospital in the surgical treatment of patients older than 70 who suffer from CRC.

Material and Methods: This study included patients treated the last decade (2008-2017) with detailed preoperative and postoperative medical data (colonoscopy, abdominal and thoracic CT, histopathology report). 102 patients were included. Sex, age, operation, tumor stage, mitosis, cancer type, postoperative course were all analysed and statistical significance was accepted for $p<0.05$.

Results: 53% were men (mean age 78,3) and 47% were women (men age 74,6 years). The most common cancer type was adenocarcinoma (87%), while GIST and melanoma were also rarely revealed. Adenocarcinomas were mainly classified as stage III and IV (86%) compared to stages I and II (14%). The average number of lymph nodes extracted was 10.6 (95% CI: 10.6±4.48). Tumors were of low differentiation for 62% of the patients, middle for 27% and high for 11%. Postoperative complications concerned 18% of the patients while mortality was 5%.

Conclusions: Old people usually present advanced tumors and postoperative complications compared to younger ones. Most of the patients included in this study had lived abroad for a long time, working heavily in factories, also consuming tobacco and alcohol. Therefore, unhealthy habits and way of living may have contributed to the occurrence of CRC.

ORAL PRESENTATIONS

008 SPONTANEOUS RUPTURE OF HEPATOCELLULAR CARCINOMA. PRESENTATION OF THREE CASES

Paschos K., Kirmanidis M., Kariotis I., Paraskeva A., Baretas N., Chatzigeorgiadis A.

Surgical Department, General Hospital of Drama, Drama

Hepatocellular carcinoma (HCC) is the 5th commonest cancer worldwide. More than 80% of these tumors grow on a cirrhotic liver. HCC rupture is a lethal complication.

Objectives: Three cases of HCC spontaneous rupture are presented. Two were treated surgically and one conservatively.

Results: The first patient was a 70-year-old man who was admitted at the Emergency Department (ED) with acute abdominal pain and abdominal tenderness. Spiral CT detected intraabdominal hemorrhage and rupture of two liver tumors in segments IVb και VII-VIII. Trisegmentectomy was performed and the histopathology report described HCC in a non-cirrhotic liver. The postoperative course was uneventful. The second patient was admitted with abdominal pain and decreased Ht: 34.8% from 40% within a day. The CT showed intrahepatic hematoma due to rupture of an HCC. The patient was simply reexamined clinically and radiologically every 6 months and remains healthy 4.5 years later. The third patient, 54, was admitted at the ED with acute abdominal pain and loss of consciousness. Blood tests showed Ht: 23%, aFP:50,7ng/ml and positive anti-HBC. CT detected multiple intrahepatic hypervascularized tumors, one of which was ruptured in segment VI. A laparotomy was performed and the bleeding hepatic area was excised and sutured. The patient had a normal postoperative course.

Conclusions: HCC rupture is a surgical emergency that causes high mortality which ranges from 25-75%, especially in elder cirrhotic patients with liver insufficiency and large tumors. Postoperative course is usually complicated and shortens overall survival.

ORAL PRESENTATIONS

009 INDOCYANINE GREEN (ICG) FLUORESCENCE-GUIDED LAPAROSCOPIC ADRENALECTOMY IN A RARE CASE OF A MISDIAGNOSED PHEOCHROMOCYTOMA

Antoniou N., Ioannidis O., Simeonidis S., Chatzakis C., Galanos-Demiris K., Bitsianis S., Angelopoulos S., Tsalis K.

4th Department of General Surgery, General Hospital "G. Papanikolaou", Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece

Background: Minimally invasive surgery is the standard treatment for adrenal tumors and the success of the operation depends on identifying the adrenal vein and complete tumor resection. In this case we use near infrared fluorescent imaging system to clearly delineate the vascular anatomy of adrenal neoplasm and enhance the border between tumor and normal tissue.

Case Report: A 71-year-old woman was referred to our department with an increased in size right adrenal mass. The patient had no symptoms attributable to adrenal excess. Preoperative biochemical screening was negative for a functioning medullary or cortical adrenal tumor. A laparoscopic adrenalectomy utilizing indocyanine green (ICG) was performed. During operation the patient underwent a hypertensive crisis twice and only after the ligation of the adrenal vein the symptoms completely went off. With the assist of ICG, identification of the adrenal vasculature and resection of adrenal neoplasm was quick and efficient avoiding any complications that could occur intraoperatively from the hypertension. The patient was discharged 2 days after from the ward uneventful. The pathology of the mass showed pheochromocytoma.

Conclusion: Pheochromocytoma is an unusual but potentially devastating tumor if not diagnosed preoperatively. Although measurements of 24h urineVanillylmandelic Acid provide a highly sensitive test for diagnosis of pheochromocytoma in this case a false diagnosis occurred. Laparoscopic operation under the fluorescence guidance of ICG can clearly identify vascular structures and enhance the borders of the tumor giving you the potential to improve the safety and the operative time of the laparoscopic adrenalectomy.

ORAL PRESENTATIONS

010 THE CLINICAL USE OF INDOCYANINE GREEN AS A NEAR-INFRARED FLUORESCENT CONTRAST AGENT FOR IMAGE-GUIDED LAPAROSCOPIC SURGERY IN ONCOLOGICAL PATIENTS

Antoniou N., Ioannidis O., Simeonidis S., Bitsianis S., Kitsikosta L., Loutzidou L., Konstantaras D., Kotidis E., Pramateftakis M.G., Mantzoros I., Tsalis K.

4th Department of General Surgery, General Hospital "G. Papanikolaou", Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece

Introduction: Advances in laparoscopic imaginghas brought to light new achievements as major contributions to intraoperative decision during laparoscopic procedures such as the use of indocyanine green (ICG) near infrared (NIR) fluorescence guided laparoscopy. The aim of this study was to present our experience with different laparoscopic procedures using ICG imaging in oncologic patients.

Materials and methods: 10 ICG-enhanced fluorescence guided laparoscopic procedures were performed: 1 laparoscopic adrenalectomy, 2 laparoscopic segmental hepatectomies , 4 laparoscopic colectomies, 1 laparoscopic spleenctomy, 1 laparoscopic lymph node biopsy and 1 accesory spleen laparoscopic rescection mimicking pancreatic tail cancer. A high resolution camera and a light source emitting both visible and NIR light was used. After injection of ICG, the system projected images of blood flow in vessels and organs as well as highlighted biliary excretion.

Results: No intraoperataive or injection-related adverse effects were reported, and the biliary/vascular anatomy was always clearly identified. ICG-fluorescent imaging identified both of the microscopically confirmed HCC and CRC metastases in surgical specimens. Also provided valuable information to conduct a safe laparoscopic spleenectomy, adrenalectomy and ensure adequate vascular supply for colectomy, or find lymph nodes. There were no bile duct injuries or anastomotic leaks.

Conclusion: The use of ICG, a non-radioactive, inexpensive fluorescent dye, in laparoscopic operations permits visualizing anatomic structures, perfusion and perfusion defects as well as the biliary and lymphatic system. Due to its versatile cross-discipline applications, in our opinion we consider this fluorescence technology as a future standard imaging technique that will be found in every OR.

E-POSTERS

E-POSTERS

P01 LAPAROSCOPIC MANAGEMENT OF OVARIAN CYSTS

Konstantinidis H., Charisis C.

Robotic General and Oncologic Surgical Department, Interbalkan Medical Centre of Thessaloniki, Greece

Object of study: Ovarian cystic masses besides of being quite frequent, they often represent a diagnostic and therapeutic challenge. Their intraoperative management is of major importance, especially in the era of minimally invasive surgery. Our goal with this presentation is to demonstrate the proper strategy for the laparoscopic management of such cases, from both technical aspect and also in terms of respecting the principals of surgical oncology and avoiding the spreading of a potential malignancy inside the abdominal cavity.

Methods: We present video fragments from a procedure of laparoscopic excision of a large ovarian cystic mass, focusing on the oncologic excellence and the prevention of spreading intra-abdominally a potential malignancy, without compromising the minimally invasive character of the procedure.

Results: Using proper strategies and manipulations, even large ovarian cystic masses can be removed intact laparoscopically and without the danger of spreading, practically nullifying the need for open approaches in such cases.

Conclusions: Correct intra-operative tactics minimize the complication rates and the potential pitfalls that can compromise the oncologic outcomes of these particular procedures, in fact expanding the limits of minimally invasive approach at this field.

E-POSTERS

P02 LAPAROSCOPIC TREATMENT OF SOLITARY METACHRONOUS MESENTERIAL METASTATIC SITE FROM COLON CANCER

Konstantinidis H., **Charisis C.**

Robotic General and Oncologic Surgical Department Interbalkan Medical Centre of Thessaloniki, Greece

Object of study: Minimally invasive treatment of recurrences or secondary metastases after previous colectomies, remains a field of controversy between surgeons. Our aim with this presentation is to demonstrate the surgical technique and principals, in order to deal with such cases laparoscopically, on occasion of a patient with a secondary metastatic site near the mesenteric root, who had underwent previous colectomy.

Methods: We present video abstracts of a procedure of laparoscopic removal of a solitary metachronous metastatic site located near the mesenteric root, in a patient with previous right hemicolectomy for mucous colon adenocarcinoma. The removal included the excision of the metastatic site along with wide resection of the implicated mesentery, after complete dissection of the related blood vessels and also the part of the bowel supplied by those vessels.

Results: The metastatic site was fully and widely excised and the patient underwent an uneventful postoperative course, being discharged the 4th postoperative day.

Conclusions: Minimally invasive treatment of recurrences or metachronous metastatic sites after previous colectomy is possible, offering the patients all the benefits of reduced trauma, but also of the faster recovery, which will allow the immediate beginning of adjuvant chemotherapy.

E-POSTERS

P03 LAPAROSCOPY CAN OFFER THE ABILITY FOR MAJOR RESECTIONS FOR ADRENAL TUMORS

Konstantinidis H., **Charisis C.**

Robotic General and Oncologic Surgical Department, Interbalkan Medical Centre of Thessaloniki, Greece

Object of study: Minimally invasive surgery has well established its presence and has expanded its indications in the field of surgical treatment of the adrenal malignancies. Though, large adrenal tumours that implicate surrounding structures are difficult to be managed with the laparoscopic approach. In this presentation we demonstrate a similar case which was successfully treated likewise, emphasizing on the operative strategy and the technical considerations in order to expand the limits of minimal invasive surgery at this field.

Methods: We present video abstracts of a procedure of laparoscopic en bloc resection of left adrenal gland, left kidney and spleen, to an elder male patient who had underwent thoracoscopic pneumonic lobectomy for cancer two years ago by our team, and presented with a large adrenal metastatic tumor infiltrating the spleen and a synchronous renal cell carcinoma in the inferior pole of the left kidney.

Results: The patient was managed laparoscopically, without oncologic compromises, rapid recovery and discharge of the patient on the third postoperative day.

Conclusions: Large adrenal malignancies that sometimes implicate other abdominal organs are traditionally managed with conventional open techniques. Though, experienced laparoscopic teams, following specific strategies and technical principals, can expand the frontiers of minimally invasive surgery in these cases, offering oncologic efficacy, safety and early recovery to the patients.

E-POSTERS

P04 THE FIRST REPORTED CASE OF TOTAL LARYNGECTOMY IN A PATIENT WITH PREVIOUS TOTAL PNEUMONECTOMY

Konstantinidis H., Kriezi P., **Charisis C.**

Robotic General and Oncologic Surgical Department, Interbalkan Medical Centre of Thessaloniki, Greece

Object of study: Synchronous or metachronous malignancies of the lung and larynx are common. In contrast, Total Laryngectomy (TL) for metachronous laryngeal carcinoma, in lung cancer survivors with pneumonectomy is extremely rare, so that no similar case has been found in the literature.

Methods: A 67 year old patient, having previously underwent thoracoscopic total left pneumonectomy from our surgical team, for squamous cell carcinoma (SCC), presented with a 6-month history of hoarseness and difficulty in breathing. Laryngeal endoscopy revealed a large mass of left hemilarynx, with vocal cord palsy and subglottic extension. CT, MRI and PET-CT also showed postcricoid invasion and possible erosion of thyroid and cricoid cartilages, without nodal disease. Biopsies revealed G1-G2 SCC of the larynx. TL was decided, and the procedure was encountered as challenging due to permanent single lung ventilation.

Results: After awake intubation, through an Apron flap, enclosing the hyoid bone, with selective neck dissection was performed. A multilayer pharyngoplasty followed. The patient was awaken few hours after and left the ICU next morning, being discharged uneventfully on the 8th p.o.d. Histology revealed a 5,5 cm left hemilarynx SCC, with hypoglottic circumferential extension, clear excision margins and 1/27 positive node. Postoperative chemo-radiation followed.

Conclusions: TL remains the gold standard for advanced laryngeal carcinoma. Pathologic contraindications concern mostly restrictions in anesthesia and general physical performance. To our knowledge, this is the first reported case of a total laryngectomy, performed for second primary cancer of the larynx, in one-lung patient previously treated for primary lung cancer.

E-POSTERS

P05 UPPER ESOPHAGUS GRANULAR CELL TUMORS. A RARE CAUSE OF DYSPHAGIA

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Object of study: Granular cell tumors (GCTs) are rare neoplasms of neurogenic origin. Only 1-2% of them are malignant, usually involving skin and subcutaneous tissue, breast, tongue and respiratory tract. 5-6% involve gastrointestinal tract and 2/3 of them located at the lower thirds of the esophagus. We have reviewed only 20 cases of cervical esophagus GCTs in the literature.

Methods: A 21year old woman presented with a history of 6 months progressive dysphagia with normal physical examination and endoscopy of the pharynx and esophagus. MRI revealed a 3,5cm mass into the left tracheoesophageal groove, behind the thyroid gland. The mass was excised with a trans-cervical approach. A sclero-elastic, oval shaped mass was found, arising from the outer muscle layer of the esophagus. Frozen section revealed a benign granular cell tumor. The mucosa of the esophagus was left unattached, and the outer muscle layer was reinforced with sutures.

Results: Histology showed a benign GCT, positive to NSE, S100 and CD68, while all of the lymph nodes were free of findings.

Conclusions: Cervical esophagus CGTs are extremely rare, arising from the Schwann nerve cells, usually found in young women, around 40s. Large tumors can cause dysphagia, recurrent laryngeal nerve palsy, or even palpable mass in the neck. As far as we are concerned, this is the 21st reported case of cervical esophagus GCT, with only one malignancy among them. Despite their rarity as a cause of dysphagia, when dealing with normal endoscopic findings, they should be included at differential diagnosis process.

E-POSTERS

P06 CORRELATION BETWEEN GENDER, TUMOR LOCATION AND HISTOPATHOLOGY IN NSCLC

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Background: Squamous cell carcinoma (SCC) and adenocarcinoma (AC) are the two main histologic types of lung cancer. Several studies have shown that AC of lung tend to be more peripheral and SCC more central.

Methods: We retrospectively analyzed the data of 67 patients with SCC or AC of the lung treated at the University Hospital Center "Mother Teresa", during 2016-2017. All the patients had performed chest CT-scan and fibro-bronchoscopy. Median line of the lung and sub segmental bronchi was used to define a central lesion from a peripheral one. The statistical analysis was made through SPSS version 20.0. Chi-square test was used for comparing sex, tumour localization and histopathology correlation.

Results: The mean age of patients was 61±7.3years (range 46-79 years). The male to female ratio was 3:1. AC was found in 30 patients (44.8%) and SCC in 37 patients (55.2%). AC was present in 92.8% of female patients and SCC in 67.9% of male patients. Statistically significant correlation was found between gender and the histopathology diagnosis ($p < 0.001$).
According the localization 61.2% had central localization of the tumor and 38.8% had peripheral localization. AC was found in 57.7% of peripheral localization and SCC in 63.4% of central localization.
No significant correlation was observed between the tumor localization and histopathology.

Conclusion: Our findings indicated that gender and histopathology diagnosis revealed significant correlation. However, subgroups analysis is needed to evaluate the possible correlation between histopathology and tumour localization and its clinical importance.

E-POSTERS

P07 CANCER OF UNKNOWN PRIMARY (CUP), EPIDEMIOLOGICAL AND CLINICAL FINDINGS IN ALBANIAN POPULATION

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Objective: Our study provides information about the epidemiological, clinical and histological particularities of CUP in Albanian population.

Methods: We analyzed retrospectively the clinical data of 84 consecutive patients diagnosed with CUP at the University Hospital Center "Mother Teresa", Tirana, Albania during 2010-2015. The statistical analysis was made through SPSS version 20.0 (SPSS, Chicago, IL).

Results: The mean annual incidence of CUP was 0.4/100,000 inhabitants per year. The mean age was 57.9 ±14.4 years (range 19-85 years); 77.4% were older than 50 years old. The male to female ratio was 1.8. The common metastatic site was in the lymph nodes 45,2%, bone 38% and lung 16.7%. Localized nodal CUP was in 45% of patients and 56% had disseminated CUP.
No significant gender differences were found concerning the metastatic sites. Age was different in relation with clinical presentation.
Localized nodal CUP was found in 60% of patients older than 50 years old; the most common site was the cervical lymph nodes in 63%. No histologically confirmed diagnosis were found in 50% of CUP patients. Adenocarcinoma was the commonest subtype in 25% of the patients and 50% of the patients had poorly differentiated histology. At diagnosis, 10% of the patients had both visceral and bone metastasis. Only 20% of them had elevated tumor markers level.

Conclusion: Our study provides the first evidence on epidemiological and histological characteristics of cancer of primary unknown in Albanian. Further subgroup analysis studies are needed to evaluate the influence of these factors on the clinical prognosis and survival.

E-POSTERS

P08 OBSTRUCTIVE JAUNDICE AS PRIMARY PRESENTATION OF A STAGE IIE NON-HODGKIN LYMPHOMA

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Introduction: Secondary pancreatic tumors are uncommon and account for 2–5% of pancreatic cancer. Tumors characterized most commonly with pancreatic involvement are lymphoma, renal cell and lung carcinomas.

Presentation of Case: A 76-year-old female patient with obstructive jaundice as the primary symptom and inguinal lymphadenopathy is presented. Imaging revealed a bulky solitary solid pancreatic head mass along with paraaortic and mesenteric lymphadenopathy. The absence of a previous history of malignancy and the presence of a dominant pancreatic mass along with distal lymphadenopathy confined differential diagnosis to advanced secondary pancreatic lymphoma, which is the most common secondary pancreatic tumor, and locally advanced/metastatic pancreatic adenocarcinoma. Pathologic confirmation with excisional biopsy of an enlarged inguinal lymph node and EUS-FNB of the pancreatic head mass confirmed the diagnosis of secondary Non-Hodgkin pancreatic lymphoma allowing initiation of induction chemotherapy.

Discussion: Secondary pancreatic lymphoma can be seen up to 30% of patients with advanced lymphoma; although the head of the pancreas is the most common location, obstructive jaundice is not the predominant symptom as obstruction of the common bile duct is usually absent. In the setting of a solitary nodular type pancreatic mass, key imaging findings highly suggestive of secondary pancreatic lymphoma and not of adenocarcinoma are the absence of vascular invasion, bile and pancreatic duct obstruction, and the presence of lymphadenopathy below the level of the left renal vein.

Conclusion: When a secondary pancreatic tumor is highly suspected pathologic confirmation is always needed before initiation of induction or palliative chemotherapy.

E-POSTERS

P09 TOTAL COLONIC PNEUMATOSIS IN A PATIENT ON ADJUVANT CHEMOTHERAPY FOR PRIMARY INTESTINAL LYMPHOMA

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Introduction: Pneumatosis intestinalis is a rare condition that may be idiopathic or a sign of numerous underlying gastrointestinal, pulmonary and systemic diseases.

Presentation of Case: Herein, the case an otherwise-healthy 82-year-old female patient with vague abdominal pain due to total colonic pneumatosis 20 days after completion of R-CHOP chemotherapy for a stage IIE primary non-Hodgkin's lymphoma of the terminal ileum submitted to right hemicolectomy and ileal resection 6 months previously is presented. As no evidence of intramural bowel gas was present on pre-operative CT, pneumatosis coli considered to be secondary. As no worrisome clinical, laboratory and imaging findings were present, pneumatosis coli seemed to be benign. As no other etiologic factors identified, pneumatosis coli considered to be chemotherapy-induced. The patient treated conservatively with cessation of enteral nutrition and broad spectrum antibiotics with uneventfull recovery.

Discussion: Pneumatosis intestinalis can be benign or life-threatening. Bowel obstruction, perforation, ischemia and severe colitis represent the most life-threatening causes. In clinical practice it is often challenging to distinguish between life-threatening and benign pneumatosis intestinalis, a decision which should be based on the presence or absence of worrisome clinical, laboratory and imaging findings.

Conclusion: In analogous cases, the main dilemma for the physicians is to identify whether surgical intervention is required or not. Given the potential severity of pneumatosis intestinalis, early diagnosis and recognition of its severity is critical as it would dictate surgical or non-surgical management.

E-POSTERS

P10 RECURRENCE OF A pT2N0cM0 LOWER THIRD GASTRIC CANCER WITH No. 6 LYMPH NODES MICROMETASTASIS AFTER R0 EXTENDED SURGERY

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Introduction: The present report aims to emphasize the importance of examination for lymph nodes micrometastasis in node-negative pT2-3 gastric cancer with unfavorable pathologic characteristics, which can lead to stage migration and affect decision-making of adjuvant therapy when the Japanese gastric cancer treatment guidelines are applied.

Case presentantion: A patient with a recurrent pT2N0cM0 gastric cancer with unfavorable pathologic characteristics (poor differentiation, lymphatic/venous invasion) after extended surgery is described. Although micrometastasis detected in No.6 lymph nodes, the patient categorized as stage IB based on the 3rd Japanese classification. The pT2N0 classification and the radicality of the procedure led to the decision adjuvant therapy not to be applied according to the Japanese guidelines. Follow-up revealed para-aortic lymph nodes recurrence and the patient submitted to palliative chemotherapy.

Discussion: The 7th TNM classification of malignant tumors states that lymph nodes micrometastasis detected by morphological techniques should be calculated in staging. However, the 7th TNM and 3rd Japanese classification of gastric cancer does not incorporate micrometastasis in pN categorization. The ESMO and NCCN gastric cancer treatment guidelines suggest adjuvant chemotherapy for ≥stage IB patients, whereas the Japanese guidelines suggest observation for node-negative pT2 (IB) and pT3 (IIA) patients after standard surgery.

Conclusion: Examination for lymph nodes micrometastasis in node-negative pT2-3 gastric cancer with unfavorable pathologic characteristics should be performed. Detection of micrometastasis should be incorporated in staging and stage migration in node-negative pT2 (IB to IIA) and pT3 (IIA to IIB) tumors should affect decision-making of adjuvant therapy when the Japanese treatment guidelines are applied.

E-POSTERS

P11 EXOPHYTIC SOLID PSEUDOPAPILLARY NEOPLASM OF THE PANCREATIC HEAD TREATED WITH RO STAPLED RSESECTION

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Introduction: Solid pseudopapillary neoplasm of the pancreas is a relatively uncommon tumor of the exocrine pancreas. Nearly 90% of patients are young women. 85% of these tumors are limited to the pancreas, while about 10% to 15% of tumors have already metastasized at the time of presentation. Surgical resection with negative margins is the treatment of choice and the overall five-year survival is about 95%.

Presentation of Case: The present report describes a case of a 36-year-old woman with a histologically proven low grade malignancy solid pseudopapillary neoplasm with typical radiological appearance located in the head of the pancreas. The favorable exophytic pattern of the tumor dictated negative margin mass excision without pancreas resection. Postoperative course was uneventful. Follow up revealed no evidence of tumor recurrence or metastases.

Discussion: Clinical presentation of solid pseudopapillary neoplasm is usually nonspecific and depends on tumor size. Diagnosis is made by typical radiological appearance including a well encapsulated complex mass with both solid and cystic components. However, definitive diagnosis is made by histology and immunohistochemistry. Malignant criteria include: 1) lymphovascular invasion; 2) perineural invasion; and 3) capsular invasion and deep invasion of the surrounding pancreatic parenchyma. Treatment of choice is tumor resection in negative margins with preservation of as much pancreatic tissue as possible. Close follow-up is advised in order to diagnose local recurrence or distant metastasis.

Conclusion: Low grade malignancy and negative margin resection delineates favorable prognosis of solid pseudopapillary neoplasm of the pancreas.

E-POSTERS

P12 INFILTRATION BY ANATOMICAL LANDMARKS TO PROVIDE ANALGESIA IN BREAST SURGERY AS A POSSIBLE ALTERNATIVE TO ULTRASOUND GUIDED BLOCKS: GETTING THE FAST AND FURIOUS WAY

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INTRODUCTION: In breast surgery, loco-regional anesthesia showed good efficacy and good safety profile. In particular contexts, Pecs block I and II can be replaced by an infiltration by landmarks of local anesthetics (LA) both to support general anesthesia (GA) and provide postoperative analgesia.

METHODS: A pilot study was conducted on a 30 patients population (ASA I to III) undergoing quadrantectomy and sentinel lymph node. In 10 cases a general anesthesia was performed with routine use of opioids, in 10 cases GA plus Pecs I and II and in 10 cases GA with landmarks infiltration of LA in higher volume and concentration between big and small pectoral. Each group has been evaluated for the intraoperative hemodynamic, the speed of awakening, the pain, the quality of life and the request of analgesics after surgery.

RESULTS: The 3 groups showed overlapping hemodynamic fluctuations during surgery. The time of awakening was shorter for group 2 and 3 and those groups showed superiority also for the post-operative evaluation scores (NRS- Comfort Scale). The 2 groups in which local anesthetic infiltrations were performed showed similar anaesthetic and analgesic profiles. The landmark infiltration achieves the same results using less material, time with better cost effectiveness.

CONCLUSION: The loco-regional anesthesia is fundamental for oncologic, reconstructive and aesthetic senology surgery. In a preliminary pilot study, our block, without ultrasounds and according to anatomical landmarks, showed to be a quick, easy, easy to learn and effective alternative in the pain relief of patients undergoing quadrantectomy.

E-POSTERS

P13 PREDICTION OF LOCOREGIONAL BREAST CANCER RECURRENCE THROUGHT THE ANALISYS OF CLINICAL, PATHOLOGICAL AND BIOLOGICAL FEATURES

Materazzo M.[1], Spanò M.[1], Orsaria P.[1], Antonelli A.[1], Granai A.V.[1], Vanni G.[1], Pistilli G.[1], Marchese P.V.[1], Savino L.[2], Anemona L.[2], Petrella G.[1], **Buonomo O.C.[1]**

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Background: According literature from 10% to 30% of Breast Cancer (BC) patients could experience a locoregional recurrence (LR) after therapy. In this Study we evaluated how clinical, pathological and biological factors can predict locoregional breast cancer recurrence.

Material and Methods: In this Monocentric Case-control retrospective study we enrolled 763 BC patients treated in Tor Vergata from 2003 to 2016. We evaluated Age (y), execution of Axillary lymph node Dissection (ALND), tumor distance from closer surgical margins in millimetres (mm), Oestrogen receptor expression (ER), Ki67 index and Her2 score. The mean follow up was 5 years and the total cumulative incidence result 6.6% with 34 local, 7 regional and 9 contralateral recurrence respectively.

Results: In our study younger populations, patients who underwent ALND, BC with closer surgical margins showed an association with LR (y<54 p-value (p)<0.01; p:0.016; <2.5 mm p:0.001 respectively). Her2 score and Ki67 index appeared related with local relapse (OR: 2,3; IC:1,07-4,96; Ki67>30% P:0.001 respectively), otherwise ER expression demonstrated a protective effect on this event (ER<64%, p: 0,01).

Conclusion: LR has a detrimental effect on patients' health, surgical aesthetic result and quality of life in general. Our data suggest that predicting LR with this well-established factor could allow to design in the future a tailored multidisciplinary follow up and treatment.

E-POSTERS

P14 BREAST RECONSTRUCTION FOLLOWING NEOADJUVANT CHEMOTHERAPY (NAC)

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Background: Neoadjuvant Chemotherapy (NAC) represents standard treatment for Locally Advanced Breast Cancer (LABC). In this Study we compared oncological safety, surgical complication and aesthetic result between «One Time» Breast Reconstruction (OTP), Double Time Reconstruction (DTR) LABC who received NAC before surgical treatment and OTP and DTR patients who did not receive primary medical treatment.

Material and Methods: In this perspective observational study, we enrolled 87 patients treated in Tor Vergata from 2013 to 2017, divided between OTP NAC Group (G1=14), DTR NAC Group (G2=33), OTP and DTR Control Group who did not receive NAC (G3=20, G4=20 respectively). All Group were homogeneous for age, BMI and median follow-up (2.78 years). We chose surgical protocol according to patient's expectation and multidisciplinary team advice. We evaluated local recurrences, aesthetic appearance (shape, symmetry and volume), surgical complications (wound dehiscence, hematomas, seromas, infections, severe capsular contractions, Red blood cell Trasfusions (RBCT), days of hospitalization (DH) and lymphedema).

Results: The incidence of surgical complications, oncological safety and aesthetic results in the Study Groups (G1 and G2) have no statistical significative difference with the Control Groups (G3 and G4) ($p>0.05$). During follow up we found two local recurrence in the Study group only in patients classified as «stable disease» according RECIST criteria during NAC. Regarding other complications a slight increase of wound dehiscence, DH, RBCT and the drainage amount was found.

Conclusions: Our data suggests the importance of breast patient's tailored surgery, otherwise the two NAC Groups did not show any detrimental effect on surgical decision.

E-POSTERS

P15 EVALUATION OF POSITIVE/NEGATIVE SENTINEL LYMPH NODES ASSOCIATED OR NOT WITH MICRO/MACROMETASTES THROUGH THE ANALYSIS OF CLINICAL, PATHOLOGICAL AND BIOLOGICAL FACTORS

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Background: The aim of this study is to predict the presence of metastatic repetition in non sentinel lymph nodes, this can be seen with regard to peculiar features of the primary disease: such as location, molecular aspects and histology of the primary tumor, as well as characteristics of the sentinel lymph node: diameter, presence of isolated tumor cells, micrometastases or macrometastases.

Material and Methods: This paper is based on a retrospective case-controlled study. We have analyzed the medical records and the pathology reports at the Departments of Surgery and Pathology -Tor Vergata University Hospital. The data obtained are referred to surgery patients from 2003 to 2017.

In our study we enrolled 399 BC patients, we performed 387 SLNB, and 98 were positive. Among the 387 patients who underwent SLNB, 95 underwent ALND, of whom 37 were positive. Summarizing we performed 399 ALND and 200 were positive.

Then we wanted to analyze sentinel and non-sentinel lymph nodes' immunophenotype. Looking to sentinel lymph nodes this has shown 3 Her2+ out of 98 SLNB+ (1 G1 and 2 G3); 39 Luminal A (out of 35: 18 G1, 14 G2, 3 G3, 4 grading missing); 39 Luminal B- (out of 37: 3 G1, 25 G2, 7 G3, 2 grading missing); 8 Luminal B+ (2 G3, 6 G2), and 9 triple-negative (4 G2, 5 G3).
On the contrary in non-sentinel lymph nodes we saw that: 7 Her2+ (1 G1, 1 G2, 5 G3) out of 200, 56 Luminal A (21 G1, 28 G2, 3 G3, 4 grading missing), 107 Luminal B- (10 G1, 55 G2, 33, G3, 9 grading missing), 16 Luminal B+ (3 G1, 10 G2, 3 G3), and 14 triple-negative (1 G1, 5 G2, 5 G3, 3 grading missing). So according to the grading 47 were without grading, 1 G0, 248 G1, 330 G2, 137 G3.

Moreover we investigated how far the isolated tumor cells, the micrometastases (</= 0,2 cm), and the macrometastases (>0,2 cm) in the sentinel lymph node are associated with the presence of cancer cells or demonstrated metastases in non sentinel lymph node.

Conclusion: The clinical meaning of these micrometastases has not been clarified yet. Therefore the presence of ITC or micrometastases, in the sentinel lymph node, does not influence the prognosis significantly.

E-POSTERS

P16 TOTAL PANCREATECTOMY WITH SPLENECTOMY FOR MULTIFOCAL INTRADUCTAL TUBULOPAPILLARY NEOPLASM (ITPN) OF THE PANCREAS ASSOCIATED WITH INVASIVE COMPONENT

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Introduction: Pancreatic intraductal tubulopappilary neoplasm (ITPN) was first described by Yamaguchi in 2009 and was recognized by World Health Organization as a distinct entity in 2010. It is defined as an intraductal, grossly visible, tubule- forming epithelial neoplasm with high-grade dysplasia and ductal differentiation without overt production of mucin. ITPNs account for <1% of all pancreatic exocrine tumors, 3% of all pancreatic intraductal neoplasms and are less aggressive than other pancreatic malignancies.

Case presentation: Our patient is an 82-year-old male with a previous history of acute evolving to chronic pancreatitis resulting to diabetes and exocrine pancreatic insufficiency. After three years of medical consultation abdominal Magnetic Resonance Imaging was suspicious for multifocal pancreatic neoplasia and Ca 19-9 levels elevated to 265 IU/ml. We performed a Computed Tomography- guided biopsy of the lesion which indicated pancreatic intraductal neoplasia with intermediate dysplasia. After oncology consultation the patient underwent pylorus-preserving total pancreatectomy with splenectomy.

Results: The pathology report showed pancreatic ITPN with intermediate to severe dysplasia and associated invasive carcinoma infiltrating the duodenum and the peripancreatic adipose tissue. All twelve resected lymph nodes were non-metastatic (pT3N0). The postoperative course of the patient was uncomplicated. He received adjuvant Gemcitabine (single agent) for six months and he remains disease-free ten months after surgery.

Conclusions: ITPN is a rare entity with a limited number of reported cases. In some patients it was associated with previous acute pancreatitis. Early diagnosis, radical surgical resection following oncologic criteria and adjuvant chemotherapy may lead to long-term survival rates.

E-POSTERS

P17 MELANOMA IN OUR EXPERIENCE

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Back ground: Melanoma is a tumor derived from melanocytic cells and is primarily developed in the skin. The combination of environmental and genetic factors are ones that can cause malignant melanomas. Invasive melanoma is the sixth most common malignant diseases in humans. Melanoma accounts for 3% of skin cancer and is responsible for more than 75% of deaths from skin cancer.

Material and Methods: We have selected a total of 161 patients who were treated for melanoma in the Service of Oncology, University Hospital Center "Mother Theresa" in Tirana, for the period 2009-2016, second our data that are not complet.

Results: Of all these cases, men were 60.5% of the total and female 39.5%. The male incidence of melanoma was 1.6 cases / 100.000, in females was 1.1 / 100.000. Melanoma was evident in males 1.5 times more than females. In urban areas, was recorded 76.3% of total and in rural areas 23.7%. The incidence in urban areas was 2.4 cases / 100.000 inhabitants, in rural areas 0.5 cases / 100.000. Urban areas were affected 4.8 times more than rural areas of malignant melanoma. Age variability was: from 10 to 80 years old, the youngest was diagnosed with juvenile melanoma (Spitz Disease). The average age of the cases was 52.2 years. In lower extremity was detected the principal location of melanoma in the body with 30% of cases, 60% of all cases were diagnosed as Clark IV level in anatomo-pathological result.

Conclusions: Albania has a lower incidence of these pathology compared to other countries in the region, but the incidence is increasing over the years. The main problem in our daily practice is the presentation of patients very later with advances stages. Is important to have a close coordination between family doctor, dermatologist and staff of oncological service for better treatment.

E-POSTERS

P18 THE HEEL RECONSTRUCTION WITH REVERSE SURAL FLAP AFTER THE CALCANEAL MELANOMA EXCISION (CASE REPORT)

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The patient A. V., 63 years old, from Elbasan is hospitalized in the "Clinic of Plastic and Burn Surgery" on July of 2016, with diagnosis: "Malignant melanoma in heel region". The patient is transferred to us from the Department of Oncology for excision and heel reconstruction.

The excision of the lesion is done in the healthy tissues, macroscopically free from the infiltration, 2 - 2.5 cm distanced from the macroscopic borders of the lesion. Underneath, it is excised the cortical layer of the calcaneus, which was subjectively solid during engrave.

The flap is outlined in the form of the surgical defect and slightly larger in size. The flap pedicle is calculated to cover the defect after the rotation. The rotation of the axis is possible till 180^0.
The flap is elevated subfascial, under the sural fascia propria, over the gastrocnemius muscle surface. The musculocutaneous perforators are ligated.

It must be carefully to protect the adipose tissue under the superficial fascia, because help in drainage of the flap. It is identified the Small Saphena Vein (SSV). With the SSV in the pedicle axis, it is created a 4 cm wide adipofascial pedicle, till 7–8 cm of lateral malleolus.

The flap is transferred over the defect and covers it completely. The donor place of the flap is covered with split skin graft. We don't prefer to close "per primam" the pedicle lodge, but cover it with split skin graft, to prevent the pressure over the pedicle.

During the 72 postoperative hours, the flap suffered the venous stasis. After 5 days of hospitalization, the flap was returned in normality, guarantying the safety of the postoperative result.

The patient is transferred for the further treatment in the Department of Oncology of UHC "Mother Teresa".

As conclusion, the reverse sural flap is one of the most safety flap in the correction of the defect of the proximal half of the foot, both in the plantar and dorsal plan of the foot. This flap is easy to be elevated and quickly in application. It doesn't damage the function of the leg and is long term profitable for the patient.

E-POSTERS

P19 IMMEDIATE IMPLANT-BASED PREPECTORAL BREAST RECONSTRUCTION USING ACELLULAR DERMAL MATRIX

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Background: The most common breast reconstruction (BR) performed post-mastectomy is implant based (IB); currently, following conservative mastectomies (CM), the surgeons place the implant below the pectoralis muscle without or with acellular dermal matrix (ADM) (subpectoral approach or partially coverage with ADM, doualpane approach). More recently, surgeons have begun to place the implant in front of the pectoralis muscle (prepectoral approach) with total anterior coverage using ADM. We report the results of our experiance of prepectoral IB-BR with total ADM coverage.

Materials and Methods: Prepectoral IB-BR with total ADM coverage was performed in 16 selected patients (23 breasts, 8 bilateral and 8 unilateral) who required CM and immediate IB-BR and respected the reconstructive and oncological inclusion criteria, from March 2016 to March 2018.

Reconstructive inclusion criteria were: small and medium size non-ptotic breasts with a pinch test performed at three para-areolar sites >1,5cm. Oncological inclusion criteria were: early stage breast cancer and prophylactic mastectomy. Exclusion criteria were: post-operative radiotherapy, diabetes and heavy smoking. All reconstructions were performed with silicone gel anatomic implants (MENTOR® Silicone Gel-Filled Breast, CPG™, Cohesive III™) and bovine derived ADM (SurgiMend® PRS Meshed, Integra LifeSciences) 15 x 15 cm Fenestrated Semi-Oval of size 1 mm of thickness. A written informed consent was signed by each patients.

Results: Skin reduction breast reconstruction with pre-pectoral implant was performed on 22 breasts in 16 women (6 bilateral and 10 unilateral), with small and medium size non-ptotic breasts. In the unilateral cases a breast augmentation (6 patients) was performed on the opposite breast. At mean follow-up of 390 days, patients satisfaction and cosmetic out-comes have been good, with no animation deformity or significant capsular contractures. Major complications including necrosis and im-plant loss occurred in 1 breast (1 patient), with a total explantation rate of 4.5%.
Minor complications including delayed healing, seroma, or red breast, occurred in 3 breasts (13.6%). No patients required more than an overnight stay in hospital, and there were no delays to adjuvant treatment in therapeutic cases.

Conclusions: The goal of breast reconstruction is always to yearn for less invasive methods with even better results. Prepectoral implant placement with ADM cover is emerging as an alternative approach for IB-BR. This preliminary report, on a selected group of patients, has shown good results in terms of esthetic, effectiveness, manageability, and hospitalization. Long term and comparative studies, with a larger number of patients, are needed to better define the accuracy of the indications and the limits of this new surgical technique

E-POSTERS

P20 COMPARISON OF TWO BOVINE-DERIVED PERICARDIAL MESHS FOR IMMEDIATE TOTAL WRAPPING IMPLANT- BASED BREAST RECONSTRUCTION IN RATS: A SUBCUTANEOUS APPROACH WITH "BIOLOGICAL TEXTURIZATION" PROSTHESES

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Objective: The purpose of this study was to compare the mechanical properties, host responses and incorporation of bovine pericardial meshs, commercial mesh Tutomesh and new decellularized bovine pericardial biological mesh BioRipar and to analyse the tissue reaction after implantation of silicone prosthesis with and without an envelope of mesh in a rat experimental model.

Materials and Methods: Prior to implantation, Tutomesh and BioRipar were prepared and evaluated in terms of structure and mechanical properties. 186 female Wistar rats randomly divided into 13 groups went through an experimental procedure split unto three phases: the 1st phase consisted of implanting and controlling of meshes; the 2nd one involved implanting smooth, texturized, polyurethane silicon prostheses; the 3rd and last phase included the use of meshes completely enveloped with silicone prostheses. Rats were sacrificed 3, 6, and 24 weeks postoperatively, the samples were explanted and examined for infection, adhesions and contraction of the tissues incorporated at the implant sites. Histopathology and immunohistochemistry were performed to analyze inflammatory responses, collagen deposition and vascularization.

Results: The thickness of the layer in group Tutomesh was continuously thinner than in group BioRipar regarding the different explantation time points. Implants completely wrapped with mesh showed significantly lesser inflammatory signs at 3 and 24 weeks after.

Conclusion: BioRipar showed better mechanical properties prior to implantation and better incorporation into host tissues than Tutomesh. The biological envelopes around alloplastic materials may protect from and perhaps contribute to the reduction of foreign body reaction as well and decrease of capsular contracture.

E-POSTERS

P21 OBESITY IS A LIMIT FOR SENTINEL LYMPHNODE (LS) BIOPSY TO INDOCYANIN GREEN FLUORESCENCE MAPPING (ICG)? AN ITALIAN MULTICENTRIC STUDY

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Background: Breast cancer (BC) is the most diagnosed cancer in women. Identification of LS for limphatic mapping has been evolved over years with the recent use ICG.

Objective of the Study: Evaluate the usefulness and validity of ICG for LS identification in a early stage BC patients. In particular: detection rate of LS, procedural and postoperative complications, axillary relapse, inclusion and exclusion criteria and compare the costs with those of the traditional method.

Materials and Methods: The study is based on a retrospective analysis of 154 patients referring to 3 italian centers in the city of Rome. The collected data were archived, included: gender, age, anthropometric parameters, characteristics of BC and lymphnodes, procedural time, surgical and oncological follow up.

Results: LS identification rate was 99.2% and including obese patients was equal to 88%. No axillary recurrence was demonstrated at a median follow up of 15.4 months. No allergic reactions and no long-term severe complications were observed.

Conclusions: Confirms the data emerging from the literature. BMI is a limiting factor in the centers approaching with this new method. ICG has proven to be an accurate and reproducible system, with low costs, very useful in centers where nuclear medicine is not present.

E-POSTERS

P22 RECENT DATA IN RECONSTRUCTION OF SOFT TISSUE DEFECTS, FOLLOWING SURGICAL REMOVAL OF SKIN CANCER

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Objective: Cutaneous defects are a major challenge faced following removal of skin cancer, in spite of methods like Mohs Micrographic Surgery preserving maximal healthy tissue. Our objective was to review recent data regarding surgical and non-surgical interventions for soft tissue reconstruction, as well as the potential future options that are currently under development.

Methods: Literature search was performed, regarding novelties within the already existing procedures of soft tissue reconstruction and the prospects of newly developed or developing methods.

Results: The classical choices of secondary intent, primary closure, skin grafts, local and free flaps and the use of skin substitutes represent the main spectrum of procedural options. Size, depth, position and danger of malignant reoccurrence are all factors to be considered when determining the best fitted intervention of individual cases. Furthermore, therapies targeting molecules involved in the wound healing process like hyaluronic acid, proteoglycans, glycosaminoglycans and TGF-ß, as well as the mechanical properties of tension-reducing botulinum toxin could potentially facilitate future applications.

Conclusion: Skin cancer is a common form of malignancy and post-surgical reconstruction of soft tissue structures (especially those in the face) appeal an individual choice of intervention. Existent procedural options are continuously improved and studied upon. Moreover, wound healing is extensively investigated and new potential treatment options are currently on the footstep. The mechanics of wound tension play a significant role especially in cutaneous cancer reconstruction and therefore the ability of botulinum toxin to paralyze neighboring muscles and reduce topical tension could find a useful application in some cases.

E-POSTERS

P23 A RARE CASE OF PRIMARY GASTRINOMA OF THE LIVER

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Background: The majority of gastrin-producing tumors is found mainly in the duodenal submucosa, the head of the pancreas or in the neighboring lymph nodes. Ectopic gastrinomas have been reported in various sites including liver. Primary hepatic gastrinoma is considered extremely rare.

Case Report: A 56-year-old male was having complaints of persistent heartburn and acid regurgitation for many years. After various eradication regimens against H. pylori and a negative Octreoscan for gastrinoma, he had been subjected to truncal vagotomy and Billroth II gastrojejunostomy. He was referred to us due to recurrent upper gastrointestinal bleeding and high serum gastrin levels. Preoperative imaging did not reveal any lesion. However, the somatostatin receptor scintigraphy indicated increased uptake of radiotracer close to the left liver lobe. The patient was finally subjected to exploratory laparotomy and left liver lobectomy, as a small palpable lesion was noted intraoperatively. Pathological analysis revealed a neuroendocrine tumor, and specifically a gastrinoma.

Conclusion: The differential diagnosis of primary hepatic gastrinoma can be difficult requiring a high clinical suspicion and the cooperation of many specialties. The management is challenging since the reported cases are few and there is no standardized surgical approach when dealing with extrapancreatic extraintestinal gastrinomas. Surgical resection still remains the only chance for cure.

E-POSTERS

P24 ADRENAL METASTASIS AS FIRST PRESENTATION OF HEPATOCELLULAR CARCIMOMA

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Background: Lungs and adrenal glands are common sites of metastasis for hepatocellular carcinoma (HCC), however they rarely represent the initial presentation of the disease. We present a rare case of a male patient, where no primary lesion was found and adrenal metastasis was the only manifestation of HCC.

Case Report: A patient was admitted to our surgical department due to a retroperitoneal tumor. The preoperative CT showed a mass in the left adrenal gland. However, there was no evidence of a mass in other organs. The patient was submitted to left adrenalectomy but the intraoperative abdominal exploration that was performed showed no other palpable masses. Histological examination of the neoplasm showed a poorly differentiated metastatic HCC. During follow up the patient developed cachexia with significant weight loss and icterus while the CT scan demonstrated hepatic hyperdense masses.

Conclusion: Surgeons should be alert about atypical presentation of HCC, like in the current case. In order to detect primary tumor, fine needle aspiration or tru-cut biopsy should be considered when investigating an accidentally discovered adrenal lesion irrespective of size.

E-POSTERS

P25 DELAYED GASTRIC EMPTYING FOLLOWING PANCREATODUEDENECTOMY

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Aim: Delayed gastric emptying (DGE) represents a frequent complication after pancreatoduodenectomy (PD) and is usually secondary to post-operative intrabdominal complications. Aim of this study is to present our experience in the diagnosis and treatment of DGE, after PD.

Materials and Methods: The prospectively established database of PDs of our surgical department was retrospectively analyzed, searching for patients who presented with DGE. The (ISGPS) definitions of pancreatic surgery complications were used.

Results: Four patients presented with DGE following PD (three females and one male). The mean age of patients was 66.5 years old. One patient was submitted to classic whipple operation with resection of pylorus and three patients underwent pylorus preserving, Longmire Traverso modification. Three patients submitted to PD due to pancreatic adenocarcinoma and one patient due to inflammatory pancreatic mass causing gastric outlet obstruction. Three of the DGEs were primary, not related to any surgical complication and one was secondary to a type 2 pancreatic leak. Two patients suffered Grade B DGE and two patients Grade C. Conservative treatment with Nill per os, placement of nasogastric tube, use of prokinetic drugs and Total Parenteral Nutrition (TPN) were successful in all patients. The average duration of DGE was 26 days.

Conclusion: While DGE is not a fetal complication, is a cause of increased hospital stay and decreased quality of life of patients submitted to PD. Conservative treatment is the primary option and can be successful in these cases.

E-POSTERS

P26 ESOPHAGOGASTRECTOMY FOR GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA ON PATIENT PRECIOUSLY OPERATED WITH LONGMIRE TRAVERSO PANCREATODUODENECTOMY FOR RECURRENT PANCREATIC ADENOMA

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Backround: Gastroesophageal junction adenocarcinoma is classified in three types by Siewert-Stein. Type I is situated at the distal part of the esophagus and is commonly treated with Ivor-Lewis technique which is the surgical resection of the distal esophagus, the gastroesophageal junction and upper stomach with esophagogastric anastomosis. To achieve this, the mobilization and tubulization of the stomach is required.

Case Report: A 68-year-old man presented to our hospital 5 months ago with dysphagia first to solids and then to liquids, progressively deteriorating and loss of weight (20kg during the last year). From his medical history, in 2005 he had a benign Vater adenoma excised and in 2012, after its relapse, he was operated with Longmire Traverso pancreatoduodenectomy. The reconstruction was achieved through the sequential placement of pancreatic, biliary, and retrocolic gastric anastomosis into the same jejunal loop. Esophagogastroscopy showed a 2 cm neoplasm obstructing the cardioesophageal junction (Siewert-Stein type I) arisen from esophagus Barret. For preoperative control, both CT and PET-scan were performed. Following neoadjuvant chemotherapy the patient was submitted to total gastrectomy and distal esophagectomy and lymphadenectomy. Due to the previous surgery and the inability to mobilize the stomach, an esophagojejunostomy was required. The patient stayed in an Intesive Care Unit for five days postoperatively and was discharged on the 20th postoperative day.

Conclusions: The inability to manage the gastroesophageal junction adenocarcinoma with Ivor-Lewis esophagogastrextomy due to previous surgery was successfully overcome with lower esophagectomy, total gastrectomy and esophagojejunostomy.

E-POSTERS

P27 GIANT SUBMUCOSAL ESOPHAGEAL LIPOMA SUCCESFULLY TREATED WITH LAPAROSCOPIC ENUCLEATION

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Background: Esophageal benign neoplasms are extremely rare, and account for 0.5% to 0.8% of all tumors of the esophagus. About 60% of benign lesions of the esophagus are leiomyomas, while cysts represent 20%, polyps account for 5%, and lipomas are only less than 1%.

Case Report: A 40-year-old female was administered to our surgical department due to progressively worsening dysphagia in the last 2 years. Physical examination was unremarkable. A posterior submucosal lesion of the distal esophagus was noted in upper gastrointestinal endoscopy. A chest CT scan demonstrated the posterior esophageal lesion of the submucosa causing narrowing of the lumen of the lower esophagus. Due to the density of the mass on CT, the most likely diagnosis was submucosal esophageal lipoma. Laparoscopic enucleation of the lesion was successfully performed. The neoplasm measured 10×7×2.5 cm and histopathological examination was consistent with lipoma. The patient was discharged on the 4 postoperative day after an uneventful course.

Conclusion: Transhiatal laparoscopic enucleation of submucosal benign neoplasms, including lipomas, of the distal esophagus is an effective treatment option that can be safely performed.

E-POSTERS

P28 MARJOLIN ULCER COMPLICATING A CHRONIC PILONIDAL SINUS

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Background: Pilonidal disease is a chronic inflammatory condition mostly affecting young males. Though it is generally benign, malignant degeneration of a pilonidal cyst has been reported, and its incidence is estimated at 0,1%.

Case report: A 77-year-old male presented to our department with severe pain in the sacrococcygeal area due to recurrent pilonidal disease. Taking into consideration the patient's history (two previous operations for pilonidal cyst existing more than 10 years) a more detailed preoperative evaluation was necessary. An abdominal CT scan and a pelvic MRI showed a mass that had destroyed the coccyx and affected the mesorectal fat with involvement of the left inguinal lymph nodes. Biopsies from the lesion and the prominent nodes showed a well-differentiated squamous cell carcinoma and metastatic infiltration of these lymph nodes. The patient was first treated with local radiation therapy and chemotherapy.

Discussion: Untreated pilonidal disease may present numerous complications such as draining sinuses, recurrent abscess formation, local cellulitis and osteomyelitis of the coccyx. Moreover, as Jean Nicolas Marjolin suggested, all chronically inflamed wounds, may degenerate into malignancy due to the release of free oxygen radicals. All longstanding pilonidal cysts that appear as ulcerated, painful and bleeding masses, should be checked for malignancy. The treatment of choice in these cases is a wide en block excision of the lesion, with tumor-free margins, continued by a postoperative radiation therapy and chemotherapy.

Conclusion: All resected pilonidal cysts should be sent for histological examination, especially in patients older than 40 years old with longstanding disease.

E-POSTERS

P29 PRIMARY EXTRAHEPATIC BILIARY TREE NEUROENDOCRINE TUMOR MIMICKING A PERIHILAR CHOLANGIOCARCINOMA

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Background: Primary biliary tract neuroendocrine tumors (NETs) are rare neoplasms that represent 0.2–2% of all gastrointestinal NETs. Jaundice is the leading symptom and bile duct, perihilar region, cystic duct and common hepatic duct are the most usual anatomic sites where they are encountered. As is the case with other biliary tree neoplasms, these tumors are very difficult to be correctly diagnosed preoperatively and distinction from cholangiocarcinoma is almost impossible.

Case Report: A 77-year-old male presented to our department for his regular follow up visit, following a sigmoidectomy 12 years ago for colon cancer. His blood test revealed increased levels of conjugated bilirubin and liver enzymes. The CT of the abdomen demonstrated a circumscribed lesion at the level of the porta hepatis and intrahepatic bile ducts dilatation. Due to inconclusive radiological findings, MRCP and MRI were performed showing dilated intrahepatic bile duct, raising suspicion of a perihillar cholangiocarcinoma. Therefore, the patient was submitted to excision of the extrahepatic biliary tree combined with left hepatectomy, and right hepaticojejunal anastomosis. Histopathological examination revealed a neuroendocrine tumor which after extensive imaging investigations were considered primary of the extrahepatic biliary tree.

Conclusion: Preoperative diagnosis of biliary neuroendocrine tumors can be very challenging. The mainstay of treatment is aggressive surgical resection.

E-POSTERS

P30 RECURRENT CHOLANGITIS IN A LONG-TERM SURVIVING PATIENT AFTER PANCREATODUODENECTOMY SUCCESFULLY TREATED WITH A LONG ROUX-EN-Y HEPATICOJEJUNOSTOMY

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Background: Cholangitis caused from intestinal contents reflux into the biliary tree following hepaticojejunostomy performed during a pancreatodudenectomy seems to be a rare complication. We present a long term surviving patient who presented recurrent cholangitis 18 years after successful treatment of pancreatic adenocarcinoma

Case Report: A 74-year-old female was referred to our department due to recurrent episodes of cholangitis she experienced during the past years since she undergone whipple procedure for pancreatic adenocarcinoma. Pancreatic, biliary, and retrocolic gastric anastomosis were all performed using the same jejunal loop. Adjuvant chemotherapy was administered to the patient. About six months later and for the next 17 years the patient suffered several febrile episodes considered to be secondary to cholangitis. An abdominal CT scan showed the presence of orally administered contrast material into the intrahepatic bile ducts and MRCP revealed left intrahepatic bile ducts dilatation. PTC demonstrated no stenosis of the bilioenteric anastomosis. Based on imaging findings a reoperation was decided upon, as the reason for the recurrent episodes of cholangitis was a short loop between the hepaticojejunostomy and the gastrojejunostomy allowing intestinal juice reflux into the biliary. In order to prevent intestinal reflux, a new 100-cm long Roux-en-Y hepaticojejunal anastomosis was performed.

Conclusion: Reflux of intestinal contents into the biliary tree after hepaticojejunostomy can cause significant problems difficult to manage with conservative methods. There are few surgical techniques available for the management of the current condition. Efferent Roux-en-Y limb lengthening is a valuable therapeutic option in such clinical cases.

E-POSTERS

P31 TUMOR LYSIS SYNDROME OF A GIANT HEPATIC METASTASIS OF AN UNKNOWN PRIMARY MELANOMA

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Background: Tumor lysis syndrome (TLS) is an oncologic emergency that consists of a cascade of electrolyte imbalances leading to systemic organ failure due to the tumor cell destruction and releasing of intracellular components. It has been associated mostly with hematological malignancies such as lymphomas due to rapid proliferation rate, after initiation of chemotherapy or spontaneously. TLS can rarely occur in presence of solid tumors, such as breast and gastrointestinal cancers. It is also divided in laboratory and clinical TLS, depending on the presence of clinical signs or not.

Case Report: We present the rare case of a tumor lysis syndrome in a 78 year old male with a single giant hepatic metastasis of unknown primary melanoma. The patient progressed rapidly with hemodynamic instability, acute kidney failure and electrolyte abnormalities. The clinical signs along with the laboratory tests leaded to the diagnosis of spontaneous TLS. Despite the aggressive resuscitation and the correction of electrolyte disturbances the outcome was fatal.

Conclusion: Correction of hyperkalemia, hyperphosphatemia, hypocalcemia and hyperuricemia is crucial. Clinical complications include seizures, cardiac arrhythmias, low urine output, systemic organ failure and death. Appropriate hydration support and correcting the biochemical imbalance is of vital importance to patients that develop TLS.

E-POSTERS

P32 CASE REPORT: EARLY REHABILITATION ON A PATIENT AFTER RADICAL BILATERAL MASTECTOMY

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Target: Analyze the possibility to perform an early rehabilitation on a young patient from the first day after radical bilateral mastectomy.
Clinical information: 44 years female patient, office worker, BMI 19,49, right dominant side without previous shoulder's patologies.
CLI + CLIS (4 locus) diagnosis undercome bilateral NSM with expander implant.
Intervention and outcome: The patient has been evaluated at T0 (before surgery), T1 (first day post-surgery) and T2 after a month. Main outcome measures were arm disability and life quality. Following evaluation was applied:

1 ROM
2 Upper limb circumference
3 Vas (rest and movement)
4 DASH
5 SF-36

At T0 there were no anomalous evaluations, at T1 the patient presented pain throught movement (VASm9) and respiration and moviment reduction mainly by 90° flexion and 83° abduction, DASH (79.2) with high grade and SF-36 saw reduction in: physical activity (20), Physical role limitation (0), Energy (25), emotional role limitation (0).
The patient was submitted to 4 physiotherapy (weekly) and home auto-treatment, at T2 all the scores increased and were the same to T0 ones. The scar didn't have complications and surgical progress was regular.

Conclusions: With this study we can hypothesize an early rehabilitation even in patients that present low dermis reserve to have a quick and funtional recover so that they can face the remaining course of oncological care.

E-POSTERS

P33 PERIOPERATIVE CLINICAL PARAMETERS ASSOCIATED WITH SURVIVAL IN RESECTED ADENOCARCINOMA OF THE AMPULLA OF VATER

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Background: Pancreatoduodenectomy (PD) for ampullary carcinoma (AA) is associated with increased survival. However, it is associated with considerable morbidity and mortality, although centralization of service has steadily improved the outcomes. We explored the potential association of perioperative clinical parameters with long-term survival.

Methods: A single-centre retrospective study was conducted from a prospectively maintained database over a 9-year period (2007–2015). 63 patients underwent PD (46 pylorus preserving, 17 Whipple's) for AA. 5 patients required additional vascular resections and reconstruction. Patients' demographics, BMI, ASA, preoperative biliary stenting, intraoperative and post-operative outcomes were recorded and assessed for their potential association with survival.

Results: The median hospital stay was 15 days. 32 patients (51%) had a Clavien-Dindo complication grade of 1 or 2; and 14 (22%) had a grade 3 or higher. Clinically relevant grade B or C pancreatic fistula occurred in 10 (15.9%). Post-pancreatectomy haemorrhage (PPH) occurred in 6 (9.5%) patients while 8 (13%) suffered delayed gastric emptying (DGE). The perioperative mortality was 6.3% (4/63). Kaplan-Meier analysis revealed that ASA III, perioperative blood transfusions, PPH and DGE were associated with a significantly poorer survival.

Conclusion: The results presented in this study are in concordance with international standards. Although PD remains the only potentially curative procedure for AA, it results in significant morbidity and mortality. Perioperative optimization as well as special attention to potential postoperative complications associated with survival, should be indispensable.

E-POSTERS

P34 CENTRAL PANCREATECTOMY: THE RIGHT OPERATION FOR THE RIGHT INDICATION - REFLECTIONS ON A SINGLE CENTRE CASE SERIES

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Background: Central pancreatectomy (CP) consists of limited pancreatic resection for lesions of the neck/body, aiming to ensure optimal functional outcomes. Most authors agree it should be reserved for benign or low-grade malignant tumours. Varying morbidity and mortality have been reported. We aimed to reflect on our experience with the procedure.

Methods: Four patients underwent CP followed by Roux-en-Y pancreatojejunostomy, over a 15-month period (09/2016-11/2017). All had cystic lesions of the pancreatic neck preoperatively investigated with CT, MRI +/- EUS/FNA. The HPB MDT recommended resection due to suspicion of malignant potential. Patients' demographics, physiological parameters and perioperative outcomes were recorded.

Results: Median age was 65.5 years (24-68). Median tumour size was 29mm (20-100). All lesions were completely excised. Median postoperative hospital stay was 8 days (6-56). Two patients developed grade 2 pancreatic fistula (50%), one accompanied by abdominal wall cellulitis and the other accompanied by delayed gastric emptying. There was no mortality. No patients developed diabetes. One patient required transient pancreatic enzyme supplementation. No recurrences were noted. Histology of the 4 consecutive cases revealed: 1) Mucinous Cystic Neoplasm with low-grade dysplasia [lymph nodes (ln) 0/1], 2) Solid Pseudopapillary Tumour of the pancreas (ln 0/6), 3) infiltrative IPMN - well-differentiated ductal adenocarcinoma pT1N0(0/3)L0V0P0, 4) pancreatitis/pseudocyst (ln 0/2).

Conclusions: CP has excellent long-term functional outcomes but is associated with considerable morbidity. Thorough selection of candidates is of paramount importance taking into account a considerable morbidity, but also aiming to minimize the risk of undertreated and overtreated cases.

E-POSTERS

P35 SURGICAL MARGINS STATUS, LYMPH NODE INVOLVEMENT AND LYMPH NODE RATIO PREDICT SURVIVAL IN RESECTED ADENOCARCINOMA OF THE AMPULLA OF VATER

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Background: Ampullary adenocarcinoma (AA) is thought to have a higher resection rate and better prognosis following resection in terms of overall survival (OS) and disease-free survival compared to other cancers of the pancreatic head. Various factors have been shown to affect survival.

Methods: A single-centre retrospective study was conducted from a prospectively maintained database over a 9-year period (2007–2015), with additional input from hospital medical records and GPs. 63 patients underwent pancreatoduodenectomy (46 pylorus preserving, 17 Whipple's) for AA. 5 patients required additional vascular resections and reconstruction.

Results: 51 patients (80.9%) had a R0 resection. The mean number of lymph nodes (LN) sampled was 21 (+/- 10.8). The staging distribution was: stage 1A- 3.1%; stage 1B- 20.6%; stage 2A- 11.1%; stage 2B- 36.5%; stage 3- 23.8%; stage 4- 4.7%. The median follow-up period was 23 months (0-104). 33 patients (58%) received adjuvant chemotherapy with Gemcitabine. 17 patients (29%) developed recurrence and 21 developed metastases (36%) within the follow-up period. The 1-, 3-, and 5-year OS was 84%, 54%, and 47% respectively. Among 27 deaths (46%), 19 (70%) were cancer-related and 4 (15%) were non-cancer related. Multivariate analysis revealed that factors with a significant impact on survival were resection margin status (p=0.0115), LN involvement (<0.0001) and LN ratio (<0.0001).

Conclusion: Our results reflect current national and international standards of disease outcomes following surgery for AA. Clear resection margins significantly improve outcomes, while LN involvement and LN ratio are also independent predictors of survival.

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