small tumours, since sparing of as much pancreatic tissue as possible is the optimal treatment and offers an excellent prognosis.

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WAIST CIRCUMFERENCE AND SUBCUTANEOUS FAT ASSESSMENT PROVIDE NO INFORMATION FOR PREDICTION OF WOUND INFECTIONS AFTER LIVER RESECTION

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Background: Obesity is a known risk factor for wound infections after abdominal surgery. Despite their expected negative impact, data on the association between waist circumference and the risk of wound infection in patients undergoing liver resection is lacking. The aim of this study was to evaluate the relevance of these factors in addition to body mass index (BMI) in prediction of wound infections after liver resection.
Materials and Methods: This prospective observational study comprised 61 patients after liver resection performed between September 2018 and February 2019 in the Department of General, Transplant, and Liver Surgery (Medical University of Warsaw). The primary endpoint was superficial incisional or deep incisional surgical site infection (wound infection) over 90 day postoperative period. The primary factors of interest were BMI, mid-abdominal circumference (MAC), and subcutaneous fat width (SFW). The study was funded by National Science Centre, Poland, with a grant number 2017/26/D/NZ5/00733.
Results: Wound infection occured in 11 patients (18.0%). Optimal BMI cut-off for prediction of wound infections was 27.3 with the infection rates of 9.1% (3/33) and 28.6% (8/28) in patients with BMI < 27.3 and ≥ 27.3, respectively ($p = 0.049$). In patients with BMI ≥ 27.3 ($n = 28$), median MAC was 102 cm (interquartile range= 98 - 108) and median SFW was 3.5 cm (interquartile range = 2.5 - 4.0). Wound infection rate was 38.5% (5/13) in patients with MAC $\leq$ 102 cm and 25.0% (3/12) in patients with MAC $>$ 102 cm ($p=0.471$). The corresponding rates were 28.6% (4/14) and 23.1% (3/13) in patients with SFW $\leq$ 3.5 cm and $>$ 3.5 cm, respectively ($p = 0.745$).
Conclusions: While increased BMI is associated with the occurence of wound infection after liver resection, unexpectedly the risk seems unmodified by waist circumference or width of subcutaneous fat.

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ELECTROCHEMOTHERAPY IN ADVANCED PANCREATIC ADENOCARCINOMA

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Background: Electrochemotherapy is effective in treatment of various cutaneous tumors and could be translated into treatment of deep seated tumors. With this aim, a prospective clinical phase I/II study was conducted to evaluate feasibility, safety and efficacy of intraoperative Electrochemotherapy (ECT) in locally advanced pancreatic adenocarcinoma. Secondary endpoint was to evaluate treatment response in terms of quantitative morphological and functional criteria based on Magnetic Resonance Imaging.
Materials and Methods: Twenty-two consecutive patients were enrolled, recruited in a clinical phase I/II study approved by Ethical Committee of National Cancer Institute G. Pascale Foundation- IRCCS of Naples. Electrochemotherapy with bleomycin was performed during open surgery, by insertion of electrodes into and around the tumor according to the individualized preoperative treatment planning. All patients underwent Computed Tomography (CT) scan, before and after ECT treatment, 14/22 patients were subjected to Magnetic Resonance Imaging using functional parameters. Response evaluation criteria in solid tumors (RECIST) were used to evaluate ECT response on TC images and quantitative functional parameters based on dynamic and diffusion metrics were used to evaluate ECT response on MR images.
Results: No acute (intraoperative) and/or postoperative serious adverse events related to electrochemotherapy were observed; no clinically significant electrocardiographic, hemodynamic, or serum biologic changes were noted. No clinically relevant elevation of amylase or lipase levels was observed in any patient and no bleeding or damage to surrounding viscera occured. Functional imaging based on MR has shown more suitable to evaluate ECT response in patients with locally advanced pancreatic adenocarcinoma than CT imaging
Conclusions: Electrochemotherapy of locally advanced pancreatic adenocarcinoma proved to be feasible, safe and effective treatment modality. Dynamic and diffusion MR imaging is more suitable to assess ECT treatment response than TC imaging.

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THE SAFETY AND EFFICACY OF GLUBRAN 2 AS BILIOSTATIC AGENT IN LIVER RESECTION.

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Background: Hepatic resection is the only curative option for patients with colorectal liver metastases (mCRC) enabling 5-year overall survival rates of 50%.
Iatrogenic injury of the biliary system is a serious complication that may occur during surgical treatment of liver metastases. The overall rate of biliary injury post resection varies between 3·6 and 17%.
In common practice use of topical haemostatic agents to prevent bile leakage are recommended, nonetheless results from different studies, are contradictory and few studies had resection surface-related complications as primary endpoints.
Materials and Methods: Glubran2 (synthetic cyanoacrylate glue) is a newly developed agent with promising results in various surgeries. Due to its success, it is possible to be used as a hemostatic and biliostatic agent in liver resection. The primary endpoint of this study was to evaluate the feasibility and safety of Glubran 2 in liver resection for mCRC; the secondary endpoint was to report the rate of biliary leakage (biloma or biliary fistula) in patients in which we used Glubran 2 compared to patients without this agent to assess its biliostatic effect. We searched the surgical database at our institution from January 2013 to May 2018 and selected 215 patients with mCRC, who underwent liver resection and in which Glubran 2 was used. In the same database we also selected a control group of 113 patients with mCRC, who underwent liver resection without Glubran 2.
Results: To date all patients are alive. We found a new hepatic lesion (mean time 5 months) in 32 patients (15,6 %) and a biliary fistula rate of 1% (2 patients on 205) in patients in which we use Glubran 2 versus 2.3% in control population(3 patients on 113).
Conclusions: Due to this preliminary results it is possible to conclude that Glubran 2 can be used as an haemostatic and biliostatic agent in liver resection.

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EARLY POSTOPERATIVE PANCREATITIS AND INFLAMMATION PREDICT CLINICALLY RELEVANT PANCREATIC FISTULA AFTER PANCREATIC RESECTION: A PROSPECTIVE STUDY

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