

6. Abstract

Retrospectively, we investigated the medical history of in all 306 patients who were admitted between 1969 and 1998 in the surgical clinic of the Benjamin Franklin University Hospital in Berlin. These people were operated for a cancer of the pancreas or of the periampullary region. Recent and complete data concerning these patients were collected and examined after referring to their family doctors and to the civil administration.

The ratio of male to female patients was equal to 1.1. The age distribution showed a frequency peak lying in the 7th and 8th decade with a displacement of the male to female ratio in favour of older women. The mean age was 64 years.

The most frequent symptoms were the loss of weight (73.5%), pain (63.4%) and jaundice (61.8%). Symptoms varied according to tumour location and painless jaundice occurred in only 16.7% of all cases.

Among diagnosis methods ultrasonography and computed tomography were the most frequent involved with each 75%. Endosonography was the most sensitive diagnosis method (sensitivity of 83%).

The most frequent carcinomas originated in the pancreas head lies by 72.5%, followed by the body and tail region with 14.7% and the carcinoma of the periampullary region with 8.2%.

The resection rate reached 29%. It increased from 20% in the first half of the observation time span up to 32.6% in the second half. At the same time the hospital mortality rate was decreased from 23.5% to 2.7%. The resection rate of the pancreatic carcinoma was 23.5%, whereas it reached 92% for the periampullary carcinoma. Partial pancreatoduodenectomies according to Whipple (84%) were mostly performed. Palliative anastomoses were performed for 49.7% of the patients.

In case of lymph nodes staging it appeared that by the periampullary carcinomas the number of pathological lymph nodes was smaller. In the pancreas carcinomas we mentioned an earlier involvement of the lymph node groups and in tumours of the body and the tail region more frequent than in the pancreas head carcinomas.

The five year survival rate of the patients after resection of the pancreas carcinoma was 10% and for periampullary carcinomas 34.3%. The median survival time by the former extended up to 29 months, whereas by the latter it rose up to 88 months. After surgical palliation of the pancreatic cancer, the median survival time was only 5 months. The differences are statistically significant.

The prognosis of the pancreatic cancer was significantly determined by the lymph nodes involvement. Only patients in the stage II (T3N0M0) benefitted from a resection, in reference to the survival rate during this retrospective study, although here tumour resections in stage I were not available.