laparotomy with robot-assisted surgery for endometrial cancer.

【Method】 This study was a retrospective analysis in a single facility. We searched the patients using our hospital diagnosis registry from January 2011 to October 2019. 84 patients underwent lapatomy（lapatomy group）and 62 patients who underwent laparoscopic surgery（laparoscopic group）and 82 patients robot-assisted surgery（robot group）. The evaluation points are overall survival（OS）, disease free interval（DFI）, recurrence rate, surgical time, perioperative complications, bleeding amount, postoperative hospital stay.

【Results】 There was no significant difference in OS and DFI among three groups by the LogRank test. The recurrence cases were four（4.8%）in the laparotomy group, five（6.1%）in the robot group, and two（3.2%）in the laparoscopic group, and no significant difference was observed. Compared with the laparotomy group, the robot group and the laparoscopic group showed an extension of the surgical time（$P < 0.01$）, but the bleeding amount was significantly decreased and postoperative hospital stay was shorter（$p < 0.01$）. There was no significant difference among the three groups in perioperative complications of Class III or higher in the Clavien-Dindo classification.

【Conclusion】 Robot-assisted surgery and laparoscopic surgery for low-risk endometrial cancer are less invasive and not inferior to lapatomy in prognosis.

3-6.

The feasibility of pancreatic duct stenting using a novel 4-Fr plastic stent with a 0.025-inch guidewire

（社会人大学院博士課程 3 年社会人大学院 3 年、消化器内科）
○永井　一正
（消化器内科）
祖父尼　淳、土屋　貴愛、石井健太郎、
田中　麗奈、殿塚　亮祐、向井俊太郎、
山本健治郎、朝井　靖二、松波　幸寿、
小嶋　啓之、南　　裕人、本間　俊裕、
糸井　隆夫

【Background】 Pancreatic duct stenting is a well-established method for reducing post-endoscopic retrograde cholangiopancreatography（ERCP）pancreatitis. However, there is no consensus on the optimal type of plastic stent. This study aimed to evaluate the feasibility and safety of a new 4-Fr plastic stent for pancreatic duct stenting. Methods）Forty-nine consecutive patients who placed the 4-Fr stent into the pancreatic duct（4Fr group）were compared with 187 consecutive patients who placed a conventional 5-Fr stent（control group）. The primary outcome was technical success. Complications rate, including post-ERCP pancreatitis（PEP）were the secondary outcomes. Propensity score matching was introduced to reduce selection bias. Results）The technical success rate was 100% in the 4Fr group and 97.9% in the control group（$p=0.315$）. Post-ERCP amylase level was significantly lower in the 4-Fr group than the control group before propensity score matching（$p =0.006$）, though without statistical significance after propensity score matching（$p =0.298$）. The rate of PEP in the 4Fr group（6.1%）was lower than the control group（15.5%）, though without statistical significance before（$p=0.088$）and after（$p=1.00$）propensity score matching. Conclusion）Pancreatic duct stenting using a novel 4-Fr plastic stent would be at least similar or more feasible and safe compared to the conventional plastic stent.