



## Correspondence

## Re: quantitative factors of unenhanced CT for predicting fragmenting efficacy of extracorporeal shock wave lithotripsy on pancreatic duct stones. A reply



Sir—We read carefully the letter of Lui *et al.* regarding our recent paper and consider it necessary to answer the questions raised.

Patients with chronic pancreatitis (CP) who underwent extracorporeal shock wave lithotripsy (ESWL) in our department were reviewed routinely 1 year later. In addition, patients who had been followed for periods other than 1 year were excluded from the study, as per the inclusion criteria. At the same time, we reviewed patients enrolled in the study who had undergone both ESWL and endoscopic retrograde cholangiopancreatography (ERCP). This was not clearly explained in the original text, and we apologize to the reader.

As mentioned previously, CP patients were reviewed in our hospital 1 year after receiving ESWL treatment. The routine examination was performed using unenhanced computed tomography (CT) of the upper abdomen. The purpose was to measure the volume of stones and quantify the effect of stone removal. A single abdominal plain film cannot be used to quantify the volume of the stones. Therefore, we believe that there is no patient selection bias in our study.

The difference between the branch pancreatic duct stones and the main pancreatic duct stones is indeed a major problem, and we would welcome proposals of a more appropriate solution. In our study, only patients with pancreatic head stones were included. This was done to avoid the effect of poor removal of tail stones and their subsequent effect on the stone clearance rate.

Further continuation of this study is planned and will continue to expand the sample size to increase the significance of the findings. The authors hope that the answers presented satisfy the reader's questions.

### Conflict of interest

The authors have no potential conflict of interest to declare.

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