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Reply to: Central pancreatectomy for benign or low-grade malignant pancreatic lesions - A single-center retrospective analysis of 116 cases

To the Editor:

We appreciated the Letter by Du and Liu [1] regarding our manuscript on the central pancreatectomy (CP) for benign or low-grade malignant pancreatic lesions [2]. The manuscript reflects the institutional expertise on the adoption of CP for the treatment of benign or low-grade malignant pancreatic lesions.

The overall rate of post-pancreatectomy hemorrhage (PPH) reported in the study was 7.8%. Du and Liu state that this rate is high and that the gastric environment might have played a role in causing PPH. We feel that our rate of PPH is in line with current literature. Indeed, when considering the clinically relevant PPH, grades B and C, the rate decreases to 6%, which is equal to the one of the largest single-center study of CP [3]. When considering the 9 cases of PPH, 5 of them had received a pancreojejunal anastomosis, whether the remaining 4 a pancreogastric one, demonstrating a homogeneous stratification of the event between the two different groups. Therefore, we cannot state that the gastric environment played a pivotal role in the pathophysiology of PPH.

As regards postoperative pancreatic fistula (POPF), in general it is well known that CP has a higher incidence of POPF compared to PD, regardless of the type of reconstruction adopted [4]. Considering the strict indications for CP, the anastomosis is usually performed on a soft pancreas, with a nondilated main pancreatic duct, two well recognized risk factors for the development of POPF. In this setting of high-risk of POPF, probably the best reconstructive technique to adopt still has to be demonstrated and proper randomized trials would be necessary. Additionally, this is the first report on CP that adopted the updated definition of the POPF by ISGPS [5], therefore our rate of POPF might have not been fully comparable to the ones previously reported.

Differently than the what found by Zhang et al. [6], we did not report any long-term sequela attributable to a main pancreatic duct obstruction (pancreatic duct stones, abdominal pain, acute pancreatitis or signs of exocrine insufficiency), regardless of the stenting of the main pancreatic duct. We do not have an explanation for this difference, however the study cited by Du and Liu reports long-term results after pancreaticoduodenectomy (and not after CP) and, moreover, we do perform a different reconstructive technique [7]. Notably, we did not performed the same investigations of the pancreatic function made by the Chinese authors cited. We do believe that all these aspects make the long-term results barely comparable.

In conclusion, we agree with Du and Liu that proper randomized trials are needed to investigate which reconstruction is more adequate after CP.

Conflict of interest

All authors declare that they have no conflict of interest.

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