Pancreaticogastrostomy for High-risk Gland After Pancreaticoduodenectomy: An Eligible Choice? Reply

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We thank Dr. Feng and colleagues for the interesting remarks and would like to answer to their questions.

Question 1: In this pilot-study, we revealed a pancreatic fistula rate of 7% for PG and 19% for PJ. Following a meta-analysis by Wente et al. [1], there was no advantage for a certain technique concerning pancreatic fistula. However, we, like many other pancreatic surgeons, feel that patients with a soft pancreatic stump and a small duct have a higher fistula rate. Therefore, in contrast to the meta-analysis [1], we have conducted a pilot study just for high-risk glands (soft pancreatic tissue plus small duct). Therefore, we have not only reconstructed the high-risk gland with the PG, we also performed perioperative therapy with Octreotide. The Pantoprazole medication is not to reduce the fistula rate, but it is more to control the gastric acid to prevent intraluminal hemorrhage. According to the Beth Israel Deaconess Medical Center, Boston, MA, experience [2], we applied Octreotide as prophylaxis to high-risk glands only. The results of these investigations shows prophylaxis to be an effective approach to mitigate the negative impact of pancreatic fistulas, but to obtain maximal clinical value Octreotide should be administered exclusively to patients with high-risk glands. It seems that the prevention of fistula in high-risk glands is facilitated by the combination of PG and octreotide, not by pantoprazole.

To clarify the second question: The 2002–2006 period has an accumulative pancreatic fistula rate of 22%, including high-risk glands. No PG was administered during this period. Between 2007 and 2008, the pancreatic fistula was only 13%. During this period, we applied the PG in patients with high-risk glands only. However, we cannot see any influence by a learning curve of PG because there were only two pancreatic fistulas during the whole period. We agree with Dr. Feng that the surgeon is an important factor in the prevention of pancreatic fistula; we all know that fine sutures and prevention of a good blood supply yields favorable results.

References

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