Comments of Prof. Pedrazzoli “Impact of Postoperative Pancreatic Fistula on Surgical Outcome—the Need for a Classification-Driven Risk Management”

Mohammed Reza Moussavian · Martin K. Schilling

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We appreciate the interest of Prof. Pedrazzoli in our work as well as his comments, which are largely in line with our understanding of the causes and the clinical course of postoperative pancreatic fistula after pancreatointestinal anastomosis.

In our experience, the correct placement of a drain posterior to the pancreatojejunal anastomosis leaving the abdominal cavity at the lowest point and running straight at the lower border of the pancreas hardly ever results in a fistula to the laparotomy especially in patients who had an orthotopic reconstruction and a closed retroperitoneum (Kollmar et al., submitted for publication). When we do see pancreatoincisional fistulas, it is due to a false placement of that drain.

We do agree that, in those cases, aggressive intervention is mandatory. Mortality in our experience, however, is largely confined to patients who had extensive vascular, mostly arterial reconstructions, and subsequently develop type C fistulas.

The fact that the current ISGPF classification is a post hoc classification does not reduce its importance; however, due to that characteristic, it does not help as an early postoperative treatment algorithm. We do agree with Pedrazzoli and his coworkers that an improved classification should be proposed by an international group of experts and that it should include early clinical or biochemical markers to aid in the treatment of pancreatic fistula.

M. R. Moussavian
University Hospital of Saarland,
Homburg, Germany

M. K. Schilling (✉)
Department of General, Visceral, Vascular and Pediatric Surgery,
University of Saarland,
66421 Homburg/Saar, Germany
e-mail: martin.schilling@uniklinikum-saarland.de