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LETTER TO EDITOR

# Letter to Editor on "Comparison Between Endoscopic Biliary Stenting Combined with Balloon Dilation and Balloon Dilation Alone for the Treatment of Benign Hepaticojejunostomy Anastomotic Stricture"

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Dear Editor,

We read with great interest the article by Tomoda et al. about the evaluation of the outcomes of endoscopic treatment for benign hepaticojejunostomy anastomotic stricture.[1]

We confirmed the importance of stent deployment in the treatment of this adverse event, in line with the available literature.[2,3] We would like to briefly focus on the main reason for this consideration.

Benign bilio-digestive anastomotic strictures are different from biliary post-OLT (orthotopic liver transplantation) anastomotic strictures, post-cholecystectomy strictures and biliary strictures related to chronic pancreatitis; the latter three types, in fact, are pure biliary strictures.

However, in hepaticojejunostomy, there are two different tissues involved, the jejunal one and the biliary one. Thus, the stenosis is related to fibrotic reaction of both the tissues in the critical hypovascularized setting of the anastomosis.

On one hand, considering the biliary component, stenting should be suggested as for the other benign stricture.[4] On the other hand, considering the jejunal component, stenting should be recommended too because, as in intestinal benign anastomotic strictures, it leads to a more gradual and long-lasting dilation than balloon dilation alone. Moreover, short self-expandable metal stenting is as effective as plastic multistenting, requiring a smaller number of interventions,[3] more wide dilation and lower risk of obstructive cholangitis.[5]

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflict of interest.

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