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A commentary on “Cephalic duodenopancreatectomy and external tutoring of the Wirsung duct. Results of a series of 80 consecutive cases”



Un comentario sobre “Duodenopancreatectomía cefálica y tutorización externa del conducto de Wirsung. Resultados de una serie de 80 casos consecutivos”

Dear Editor,

We read with great interest the article published by Jimenez Romero C et al.¹ titled “Pancreaticoduodenectomy and external Wirsung stenting: our outcomes in 80 cases”. Where the controversy regarding the ideal post-duodenal-pancreatic resection pancreatic-jejunal reconstruction technique is evaluated. The authors shared their experience using the external Wirsung stenting technique in pancreaticoduodenectomy and showed their results in the incidence of pancreatic fistula. We thank the authors for such valuable evidence. However, we would like to make a few comments.

Pancreaticoduodenectomy (DP) is the most used treatment for malignant and benign tumors of the pancreatic head, tail, and peripapillary region.² Pancreatic Fistula (PF) is the most frequent complication of this treatment but there are, other surgical management too, as novel anastomosis techniques that modify conventional ones, and shows an improvement in PF incidence.³

All these processes involve technical characteristics of the anastomosis, the reconstruction site, the use of biological adhesive, and the prophylactic use of somatostatin analogs.

Using the stent through the pancreatic anastomosis was a positive strategy to reduce the rate of pancreatic fistula. Although several studies have been carried out on the subject, it has long been observed that the use of the internal stent does not show a reduction in the rate or severity of pancreatic fistula and that the external stent reduces the rate of pancreatic fistula from 6.7 to 20%.⁴ That is why the importance of these studies is emphasized to achieve more and more evidence.

Jimenez Romero C et al.¹ stated there is no significant difference in PF incidence of global morbidity comparing pancreaticojejunostomy (PJ) and Pancreaticogastrostomy (PG), Ibrahim R et al.⁵ founded that Pancreaticogastrostomy's PF incidence is lower compared to pancreaticojejunostomy.

As a final comment as stated by Vasquez et al.,⁶ the main tool for scientific communications is the correct use of morphological terminology and should be clear, precise, and consistent. We suggest changing the eponymous: “Wirsung conduct” to Anatomical terminology: “Pancreatic duct” or “Ductus pancreaticus”.

This kind of study allows opening new ways for the management of patients, and, does not oppose existing clinical practice guidelines and recommendations.

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