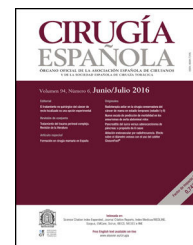




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Letter to the Editor

Letter to the Editor regarding “Highs and lows in laparoscopic pancreaticoduodenectomy”



Carta al director sobre “Luces y sombras de la duodenopancreatectomía laparoscópica”

Dear Editor,

We read with great interest the article entitled “Highs and lows in laparoscopic pancreaticoduodenectomy”, by Espin F et al.,¹ in the journal *Cirugía Española*. In this article, they evaluated the efficacy and safety of laparoscopic pancreaticoduodenectomy (LPD) compared to open pancreaticoduodenectomy (OPD) performed in a total of 54 patients, 23 and 31 respectively, after which they were able to determine that the best option is LPD in appropriately selected patients.

Pancreaticoduodenectomy (PC) is an effective treatment for pancreatic cancer, but major complications can occur, resulting in increased postoperative morbidity and mortality, such as healthcare-associated infections and pancreatic fistulas.² Minimally invasive surgery (MIS) has been developed with the intention of achieving satisfactory oncologic results with considerable advantages. Even so, the laparoscopic technique is not currently the technique of choice to perform PC, due to the possible complications, mainly linked to a decrease in the skill of the surgical technique.¹

An indicator that supports the use of the laparoscopic technique is the post-surgical hospital stay. The difference between the post-surgical hospital stay for LPD (8.5 days) and OPD (15 days)¹ represents a fundamental factor in the patient's recovery, since a prolonged hospital stay restricts the capacity of the health care institutions, which generates a decrease in the availability of beds; amplifies the risk of contracting an infection associated with health care; and increases the cost of healthcare services due to the excessive and unnecessary use of supplies and labor.³ Consequently, LPD presents a better efficiency indicator in terms of post-surgical hospital stay.

With regard to postoperative pancreatic fistulas, out of 23 LPD performed, 8.7% of the patients presented this complication, and 31 patients who underwent OPD did not present cases,¹ in comparison with another larger study that took 193 patients as a basis, where it was found that 12.3%

presented pancreatic fistulas in OPD, as well as 11.8% of 58 patients who underwent LPD. We can evidence a lower prevalence of fistulas in the first study, which may be due to the fact that this is a non-randomized analysis with a smaller observed sample.⁴ In view of the above, we consider that the laparoscopic technique performed by qualified personnel is the best option to reduce the probability of pancreatic fistulas.

As indicated, although the analysis concludes that LPD is safe in selected patients, randomized research should be carried out with a larger sample to guarantee conclusively that LPD is the best option, since other studies have observed a much higher risk margin.⁵ In addition, we agree with the authors that adequate training of the professionals who perform LPD should be encouraged in order to reduce these risks and define it as the most appropriate.

Ethical approval

Not required.

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None.

Conflicts of interest

None declared.

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Response to “Preoperative matching studies in the diagnosis of parathyroid adenoma for primary hyperparathyroidism: Can we avoid intraoperative PTH monitoring?”[☆]



Respuesta a «Estudios preoperatorios coincidentes para el diagnóstico de hiperparatiroidismo primario por adenoma simple: ¿podemos evitar la PTH intraoperatoria?»

Dear Editor:

We have read with interest the article by Laxague et al.¹ on their results in the surgical treatment of primary hyperparathyroidism (PTH). We would like to add the experience in our centre and compare it with their results.

Our series consists of 273 patients, operated on for PTH caused by single gland involvement from January 2006 to May 2021. The mean age of the patients was 59.3 years, 72% of whom were female. Mean serum calcium was 11 mg/dL (range 8.8–15.7 mg/dL) and mean parathyroid hormone (PTH) was

158.9 pg/mL. Intraoperative measurement of PTH (PTHio) showed a decrease in 94.5% of cases after excision of the gland considered pathological.

In the cases in which there was no decrease (5.5%), 7 were considered persistent PTH. In these cases, we observed that, in addition to not achieving a decrease in PTHio, there was a 62.5% discordance between scintigraphy and ultrasound at the preoperative site. Persistent PTH was due to adenomas in ectopic glands in 3 cases, in 3 cases due to multiglandular disease and in one case no other pathological gland was found and medical treatment with cinacalcet was chosen. On the

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