Letter to the Editor

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RE: Percutaneous Retroperitoneal Access

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Index terms: *Retroperitoneal space; Transhepatic; Pancreas*

Dear Sir,

We read the article titled 'Modified Retroperitoneal Access for Percutaneous Intervention after Pancreaticoduodenectomy' by Uei Pua et al. (1) published in Korean J Radiol (2013;14:446-450) with a great interest. Therein, authors reported two cases which needed retroperitoneal access. They approached the retroperitoneal space by using anterior pararenal trajectory. This technique is useful for pancreaticoduodenectomy patients whose anterior approach is challenged by surrounding vital organs such as overlying bowels and vessels. In the literature of such cases, authors preferred transhepatic methods for biliary drainage (2), and stone removal from bile duct (3) for the safety.

For cases that need retroperitoneal access in our department, we also preferred the transhepatic route. This anterior pararenal interventional technique seemed to be useful not only for patients with pancreaticoduodenectomy but for pancreatitis cases.

REFERENCES

1. Pua U, Quek LH. Modified retroperitoneal access for percutaneous intervention after pancreaticoduodenectomy. *Korean J Radiol* 2013;14:446-450
2. Ahn SJ, Bae JI, Han TS, Won JH, Kim JD, Kwack KS, et al. Percutaneous biliary drainage using open cell stents for malignant biliary hilar obstruction. *Korean J Radiol* 2012;13:795-802
3. Park YS, Kim JH, Choi YW, Lee TH, Hwang CM, Cho YJ, et al. Percutaneous treatment of extrahepatic bile duct stones assisted by balloon sphincteroplasty and occlusion balloon. *Korean J Radiol* 2005;6:235-240

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Response

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Dear Sir,

Thank you for your interest along with your comments on our recent article (1). We agree that anterior approaches, such as transhepatic or transgastric route for pancreatic intervention, have been the traditional techniques and are also greatly utilized at our institution. We prefer the anterior pararenal route in cases where large caliber devices, such as drainage catheters (10 Fr or larger) and ablation probes (16 G), have to be passed into the retroperitoneal space, for the main reason that there is no organ transgression. The latter comes from the unique situation due to the removal of the duodenal C-loop after pancreaticoduodenectomy. Indeed, this approach is also very useful in cases of pancreatitis.

REFERENCE

1. Pua U, Quek LH. Modified retroperitoneal access for percutaneous intervention after pancreaticoduodenectomy. *Korean J Radiol* 2013;14:446-450