

# Author response to: Short- and long-term outcomes of selective use of Frey or extended lateral pancreaticojejunostomy in chronic pancreatitis

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Dear Editor

In their letter, Prof. Julianov and Dr Saroglu questioned the arguments to recommend extended lateral pancreaticojejunostomy as the procedure of choice in chronic pancreatitis with a dilated pancreatic duct and normal pancreatic head size<sup>1</sup>. We acknowledge that the referred guidelines both stated that no recommendation can be made regarding the surgical technique in patients with a dilated main pancreatic duct and a normal-sized pancreatic head. However, the most important reason that no recommendation could be made was that studies with a direct comparison of these two techniques are lacking. This is exactly the reason for our study and thus not misleading. With our study, we aimed to describe and provide evidence for such a surgical strategy in a large, long-term cohort.

In current guidelines, the Frey procedure is indicated in patients with a dilated pancreatic duct and enlarged pancreatic head and this is also our current surgical strategy. We showed that both procedures for their indications provided good pain relief at long-term. However, we observed that the complication rate after Frey was significantly higher in our cohort and discussed other literature in which we also observed a trend of higher complications in Frey. Our conclusion regarding the Frey procedure is based on these higher complication rates but as suggested, confirmation in replication studies is needed.

The argument to perform a pancreaticojejunostomy to the entire length of the pancreas is that chronic pancreatitis is a progressive inflammatory disease eventually involving the entire pancreas and pancreatic duct. In our opinion, when performing a partial pancreaticojejunostomy, patients are at risk for new duct obstructions in the other segments with subsequent pain. We do not have published evidence for this argument, but we have the clinical experience to corroborate this observation. Moreover, this line of reasoning is also why others consider total pancreatectomy with islet auto-transplantation is performed.

In the light of the study limitations, we still think that selective use of the Frey procedure and extended lateral pancreaticojejunostomy for their described indications is recommended. However, replication studies from other countries, for example, a cohort of corresponding authors, will drive further knowledge.

## Reference

1. Kempeneers MA, van Hemert AKE, van der Hoek M, Issa Y, van Hooft JE, Nio CY *et al.* Short- and long-term outcomes of selective use of Frey or extended lateral pancreaticojejunostomy in chronic pancreatitis. *Br J Surg* 2022;**109**:363–371