□ LETTERS TO THE EDITOR □

Is Intraductal Papillary Mucinous Neoplasm Really a Risk Factor of Post-endoscopic Retrograde Cholangiopancreatography Pancreatitis after Pancreatic Stenting?

Key words: post-endoscopic retrograde cholangiopancreatography pancreatitis, pancreatic stent, intraductal papillary mucinous neoplasm, risk factor

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To the Editor We read with great interest the article by Ito et al. (1). It is extremely impressive and it is important to know that a risk factor of post-endoscopic retrograde cholangiopancreatography pancreatitis (PEP) after intubation with a pancreatic stent in high-risk patients is an intraductal papillary mucinous neoplasm (IPMN). Although there are some previous reports on the prevention of PEP by a pancreatic stent (2, 3), the report by Ito et al. is of high value as it is the first report that clarified a risk factor of PEP after pancreatic duct stenting in patients at high risk in a multicenter setting.

Herewith, we have the following questions: 1) Was there a bias of pancreatogram extent between patients with IPMN and those with other diseases? A pancreatogram for IPMN is generally obtained to ascertain communication between the IPMN and the pancreatic duct and to obtain pancreatic juice for cytology or biochemical examinations. Therefore, the extent of a pancreatogram in patients with IPMN may be stronger than that of patients with other diseases that could cause PEP. Meanwhile, we question the necessity of pancreatogram only to ascertain the communication between a cystic lesion and the main/branch pancreatic duct, because the communication is not necessarily revealed due to mucin.

2) What was the relationship between the opening of the orifice of the major papilla and the diameter of the MPD? Both would reflect viscosity of mucin. We think that the orifice would be open and that the diameter of MPD would be large if the mucin has a high viscosity. Therefore, we cannot understand that a small caliber stent would be occluded by mucin with high viscosity in a non-dilated duct at the pancreatic head as the authors discussed. 3) What was the frequency of guidewire mis-insertion into the pancreatic branch ducts which could lead to injury of the pancreatic duct and pancreatic parenchyma and PEP? We think it is important to know the frequency in a study on PEP. 4) What is the definition of difficult cannulation of the bile duct? This is critical information because difficult cannulation is related to PEP. As Ito et al. stated in their report, prospective randomized controlled trials for assessment of the efficacy of pancreatic stenting in patients at high risk or in patients with IPMN with as few limitations as possible are necessary.

The authors state that they have no Conflict of Interest (COI).

Masaki Kuwatani¹, Hiroshi Kawakami¹
and Mototsugu Kato²

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¹Department of Gastroenterology, Hokkaido University Graduate School of Medicine, Japan and ²Division of Endoscopy, Hokkaido University Hospital, Japan

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Correspondence to Dr. Masaki Kuwatani, mkuwatan@med.hokudai.ac.jp

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