

Reply to the letter by Markus W. Büchler et al. on our publication “Prospective randomised comparison of organ-preserving pancreatic head resection with pylorus-preserving pancreatoduodenectomy”

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Received: 5 October 2006 / Accepted: 7 November 2006 / Published online: 5 December 2006
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Dear Editor:

Thank you very much for the comments and remarks concerning our study “Prospective randomised comparison of organ-preserving pancreatic head resection with pylorus-preserving pancreatoduodenectomy” [1]. Büchler and co-workers have presented an excellent summary of the morbidity and mortality after pancreatic head resection in cases of chronic pancreatitis and also pancreatic carcinoma. The cited publications clearly demonstrate that the complication rate is significantly lower if the resection is performed in chronic pancreatitis, although it depends on the type of resection.

In our prospective study, pylorus-preserving pancreaticoduodenectomy was performed, with a morbidity after this operation of 40% (delayed gastric emptying, and pulmonary complications), whereas after organ-preserving pancreatic head resection (OPPHR) there was no morbidity. The reason for this is that this OPPHR is an essentially different resection technique [2] in which the possibility of the postoperative complications is significantly less.

We recently presented our experience with 120 OPPHR operations at the 7th World Congress of the IHPBA in Edinburgh where we summarised all of our postoperative complications as follows: one reoperation was required in consequence of anastomosis bleeding, another case of gastrointestinal bleeding was treated conservatively, and one patient had pneumonia, but no septic complications, anastomosis insufficiency or other problems [3]. Finally, we would like to stress that there are some important factors that promote the avoidance of postoperative complications in our practice, as follows: antibiotic prophylaxis (ceftriaxone), total parenteral nutrition in the early postoperative period combined with a proton pump antagonist (pantoprazole), suppression of TNF synthesis (pentoxifylline), octreotide medication, and 25 years of experience in pancreatic surgery.

References

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