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Response to the Letter to the Editor on the article “Highs and lows in laparoscopic pancreaticoduodenectomy”[☆]



Respuesta a la Carta al Director relativa al artículo «Luces y sombras de la duodenopancreatectomía cefálica laparoscópica»

To the Editor

First of all, we thank you for the opportunity to reply to the Letter to the Editor by Suarez Muñoz et al¹ under the title “Laparoscopic cephalic pancreatoduodenectomy: May we illuminate some shadows?”, in reference to the article on laparoscopic pancreaticoduodenectomy.²

Second, we the authors would like to thank them for their interest and comments in the aforementioned Letter to the Editor. Undoubtedly, this concern regarding safety in pancreaticoduodenectomy is shared between both groups, which is reflected in the experiences published.³ It is not necessary to re-emphasize the high complexity of pancreatic surgery, especially pancreaticoduodenectomy, which requires special involvement from the onset of symptoms and diagnosis

through preoperative management, as well as early detection and anticipation in the appearance of complications. All of this requires special thoroughness from all those involved, especially the surgical teams.

We fully agree that experience in hepatobiliary-pancreatic surgery, as well as previous planning of cases, planned conversions or hybrid surgery, are key in the learning curve of laparoscopic pancreaticoduodenectomy, always with patient safety as the main objective. At the same time, we must also guarantee the standards of oncological surgery and a rapid recovery that does not hinder completing adjuvant treatment.

What is currently being debated is the actual number of cases required to overcome the learning curve using an approach by stages,^{4,5} or even the need to institute adequate accreditation and quality control measures, prior to routine

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clinical application.⁶ As the authors of this Letter to the Editor mentioned, initial series suggest that a hybrid approach could facilitate progression to final competence in laparoscopic pancreaticoduodenectomy.⁷

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