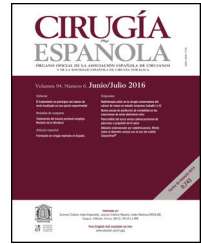




# CIRUGÍA ESPAÑOLA

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## Letters to the Editor

# Response to the Letter to the Editor on the article “Highs and lows in laparoscopic pancreaticoduodenectomy”



## Luces y sombras de la duodenopancreatectomía cefálica laparoscópica

Dear Editor,

We would like to have the opportunity to thank the authors of this letter for their time and comments on the article “Highs and lows in laparoscopic pancreaticoduodenectomy”.<sup>1</sup>

There is no doubt that the challenge of the incorporation of the laparoscopic approach to pancreaticoduodenectomy continues to be postoperative and oncological results. In our opinion, pancreatic surgery in general and pancreaticoduodenectomy in particular should combine appropriate oncological results with fast recovery and the best possible functional status for facing adjuvant treatment.

As mentioned in the article, laparoscopic pancreaticoduodenectomy (LPD) is not widely accepted, and its use is controversial.<sup>2</sup> In our opinion, as suggested by the authors of this letter, a correct patient selection and appropriate training in pancreatic surgery and laparoscopy will be able to establish its role and the hypothetical advantages of LPD.

The authors of the present letter to the editor point out that in the series, no cases of pancreatic fistula were observed in the open surgery group. However, B/C pancreatic fistula was observed in 7 cases in the open pancreaticoduodenectomy group (rate 22.6%) with no cases of biochemical leak. In front no cases and 2 cases (8.7%) in the LPD group, respectively.<sup>1</sup> These differences did not have statistical significance and in our opinion, the selection of the patients, with probably different characteristics regarding the risk of pancreatic fistula could explain these results. In any case, pancreatic fistula was not the main objective of the study.<sup>1</sup>

Finally, we want to add a reflection in relation to the revolution in pancreatic surgery that supposes the incorporation of the robotic surgery. Although been daring, we could presuppose that the incorporation of robotics can condition the quality and quantity of clinical trials that evaluate the laparoscopic approach in pancreatic surgery.<sup>3,4</sup>

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