

with surgical step-up approaches for the management of infected necrotising pancreatitis. We are, however, concerned by the paucity of data provided regarding antibiotic management.

Antibiotics are considered to be the first step in the management of infected necrosis.^{2,3} The authors report that antibiotics were used in cases of suspected infected necrosis to postpone intervention, but at the time of randomisation, only 20% of the patients had received antibiotics. Details about the subsequent introduction of antibiotics, including microbiological data and details of drug choice, dosage, and duration, were not discussed. These data are particularly important in the context of a recent report by the same group that 5% of patients with infected necrosis could be successfully managed with supportive care and antibiotic therapy, without additional intervention.⁴ The authors report that two patients in this study were randomly assigned, but subsequently had spontaneous improvement. However, the criteria for spontaneous clinical improvement are not discussed. Does a subset of clinically stable and minimally symptomatic patients exist with walled-off pancreatic necrosis who would never require drainage?

We declare no competing interests.

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Authors' reply

We agree with Nicolas Nessler and colleagues¹ that intravenous antibiotics should be the first step in the treatment of infected necrosis. Antibiotics can postpone intervention in patients with infected necrosis until it is walled off. In a small group of patients, antibiotics will be the only treatment required, obviating the need for invasive interventions.² We have previously shown that this subgroup consists of approximately 3% of patients with infected necrotising pancreatitis.³

In our trial (Jan 6, p 51),⁴ antibiotics were used to postpone intervention in patients with suspected infected necrosis. In each group, one patient did not receive an intervention because of rapid clinical improvement shortly after randomisation while being treated with antibiotics. Clinical improvement was comparable with the definition of clinical improvement in the post-intervention phase of the study. Besides the use of antibiotics, another possible explanation for this improvement could be spontaneous fistulation of the infected collection to the gastrointestinal tract. However, no endoscopy or imaging was done and, therefore, this remains hypothetical.

At the time of randomisation, only 20% of patients received antibiotic treatment according to our trial registry. Since a substantial number of patients were transferred to a participating tertiary centre just before randomisation, not all data on previous antibiotic use might have been registered. More patients might have received antibiotic treatment at some stage leading up to randomisation.

Generally, we agree with the statement that antibiotics can be useful to postpone interventions in infected necrotising pancreatitis and might prevent the need for an invasive intervention in a small subgroup of patients. Nevertheless, we feel that infected walled-off necrosis should primarily be treated with catheter drainage until we have solid clinical evidence of which

subgroup of patients' antibiotics are likely to be a definitive treatment. The Dutch Pancreatitis Study Group is currently running the POINTER trial (ISRCTN33682933) that compares the effect of immediate intervention (ie, catheter drainage within 24 h) versus the current approach of delaying intervention and first using antibiotics until the stage of walled-off necrosis. This trial might provide further insight into the additional value of antibiotics as the first step of the existing step-up approach.

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