

REFERENCE

1. Tsujimae M, Saito T, Sakai A, et al. Necrosectomy and its timing in relation to clinical outcomes of EUS-guided treatment of walled-off pancreatic necrosis: a multicenter study. *Gastrointest Endosc* 2025;101:1174-84.e9.

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Comments on the impact of pancreatic endotherapy on quality of life in chronic pancreatitis



To the editor:

We read with great interest the recently published study by Han et al¹ on the impact of pancreatic endotherapy on quality of life in chronic pancreatitis. The study is valuable, but some key areas need further clarification.

First, the criteria of inclusion and exclusion in this research were ambiguous. According to the exclusion criteria, patients who had received pancreatic endotherapy before should have been excluded. Yet, among the patients who underwent EUS-guided celiac plexus block, 23 patients had a history of failed pancreatic duct (PD) stent placement, and had been included in pancreatic endotherapy. Therefore, we recommend it would be better to make the inclusion and exclusion criteria clearer.

Second, in this research, extracorporeal shock wave lithotripsy (ESWL) was permitted as an adjunctive therapy to ERCP, whereas it was not included in pancreatic endotherapy. Recently, the effectiveness of ESWL for PD stones has been verified,² and previous research also indicated that additional ERCP after ESWL did not improve pancreatic pain.^{3,4} For patients who underwent ESWL combined with ERCP, the changes in quality of life might be largely attributed to ESWL rather than to pancreatic endotherapy, which would overestimate the benefit of pancreatic endotherapy. Thus, excluding patients who underwent ESWL might help estimate the impact of pancreatic endotherapy more precisely.

Third, the study reported that only 21.7% of participants completed all follow-up questionnaires to the 12-month endpoint. This relatively low completion rate would reduce the power of statistical analysis. A previous study indicated that the effectiveness of therapy might affect the rate of loss to follow-up care.⁵ The relationship was not shown in patients with chronic pancreatitis, and it is unclear whether the low follow-up completion rate was related to the effectiveness of pancreatic endotherapy. For this reason, an effort to enhance the rate of follow-up care would be more appropriate.

In essence, this study has broken new ground and furnished valuable data. However, in order to perfect the results, further refinements are needed.

DISCLOSURE

All authors disclosed no financial relationships relative to the content of this work.

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Response:



We appreciate the critical evaluation and inquiries by Chen et al¹ regarding our article “The impact of pancreatic endotherapy on quality of life in chronic pancreatitis.”² They raise some excellent points that we would like to address, and we thank the journal for providing this opportunity. In terms of our inclusion and exclusion criteria, we specified in the Methods section that EUS-guided celiac plexus block was reserved for patients who did not improve with pancreatic duct stricture and/or stone endotherapy.² Whereas our intent was to primarily include patients naïve to pancreatic endotherapy, we have now made it clear that we did include patients who had received prior endotherapy (as in the case of celiac plexus block) >1 year before the study.

As Chen et al¹ note, extracorporeal shock wave lithotripsy (ESWL) has been demonstrated to be an effective treatment modality for pancreatic duct stones even as monotherapy.³ At our centers, we do not use ESWL as a primary therapy unless it is within our randomized clinical trial.⁴ Although ESWL is not an endotherapy, it is our clinical practice to perform ERCP after ESWL (as described by the commentators’ own study) to remove remaining stone fragments and also treat concomitant pancreatic duct strictures.⁵ Working on the premise that relieving ductal obstruction is the primary mediator for improving quality of life for these patients with chronic pancreatitis, it often