



## Correspondence

**Comment on: “Outcomes of minor versus major papilla rendez-vous for EUS-guided pancreatic duct drainage”**


Dear Editor,

We have thoroughly engaged with the article “Outcomes of minor versus major papilla rendez-vous for EUS-guided pancreatic duct drainage”, authored by Michiel Bronswijk et al. [1]. We sincerely value the author's diligent efforts on this critical subject, which deserves recognition from the readership. We agree with the article's primary conclusion that EUS-PD with minor papilla rendezvous obtained comparable results to major papilla rendezvous in patients with chronic pancreatitis.

The retrospective study has elicited a plethora of apprehensions as a result of the potential for recall bias. This bias can be mitigated by incorporating current cases, which can distort the data and compromise the credibility of the study's findings. Additionally, there is a potential for attrition bias due to the unequal distribution of controls and cases. Attrition bias can be mitigated through over-recruitment [2,3]. Secondly, the study is impacted by the absence of randomization, which increases the likelihood of confounding and other factors that may be present, as demonstrated by the 2011 study [4]. It serves as the foundation for the statistical methodologies employed in data analysis. Randomization has the following advantages: it eliminates selection bias, balances the groups concerning numerous known and unknown confounding or prognostic variables, and serves as the foundation for statistical tests, including the assumption of a free statistical test of treatment equality. Third, a distinct patient population is chosen, which increases the study's heterogeneity and the likelihood of biases. The study is looking at patients who have stenosis at various levels of the pancreas, smoking, and alcohol abuse, which could potentially increase the risk of confounding factors that impact the outcome. The confounding factors can be analyzed in various ways using statistical methods, as outlined in the 2007 study [5]. Fourth, adverse events are not reported in detail. The potential safety of the procedures and other adverse events can be determined through the detailed reporting of the adverse events, as reported by Yousuke Sakai et al. [6]. Finally, it is impossible to generalize the results of this study, as the sample size is insufficient, as the authors themselves acknowledged.

It is recommended that the authors provide a comprehensive description of the adverse events of the procedure and discuss the safety outcomes and long-term benefits of this procedure over major papilla rendezvous for EUS-PD in order to enhance the reliability of the findings of this study.

**Declaration**

None.

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None.

**Conflict of Interest**

None.

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None.

**References**

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