Extrapancreatic Necrosis in Acute Pancreatitis

To the Editor:

We read with keen interest the paper by Koutroumpakis et al[1] regarding the clinical significance of isolated peripancreatic necrosis (PPN). The authors need to be congratulated for evaluating PPN extensively in a prospective cohort of 400 patients with acute pancreatitis. We had also previously reported the clinical significance of extrapancreatic necrosis (EPN) alone in 213 patients with acute pancreatitis and found that EPN alone has a less severe course compared with pancreatic necrosis (PN) but a more severe course compared with interstitial pancreatitis.[2]

We believe that the term EPN may be more apt to describe this phenomenon as necrosis may extend to distant areas and may not be confined to the peripancreatic tissues. Also, many previous reports have used the term EPN to describe this process.[2–4] We found EPN in 25% of our patients, and this frequency is higher than the frequency reported in the current study (11%). This difference is probably due to the varying definitions of EPN used in these studies. In concurrence with the current study, we also found that, when compared with patients with PN, patients with EPN alone had a similar frequency of organ failure as well as mortality. As tissue injury is a triggering event for inflammatory cascade that leads to organ failure and as this is common to both PN and EPN, we believe that this could be the reason for the similar frequency of organ failure in both groups. Moreover, as reported by the authors, we also found that significantly more number of patients with PN required intervention as compared with patients with EPN alone (33% vs. 15%, respectively; $P = 0.016$).

The authors also classified PPN as limited and extensive, depending upon the size and number of locations.[1] Previously, we have also classified EPN as limited and extensive depending upon the extent of involvement. We described extensive EPN as EPN that involved pelvis or paracolic gutters and also documented that this may be associated with an increased frequency of pleural effusions, ascites, and multiorgan failure.[2,3] The authors report the comparison between limited and extensive only among patients having EPN alone, whereas in our report we had included the entire group of patients with necrotizing pancreatitis and compared them with patients with limited and extensive EPN.

Pooling of data from multiple reports suggests that the mortality from EPN alone is intermediate to the interstitial and necrotizing pancreatitis groups.[3] The results in the current study are important as they add to the growing evidence that as an entity EPN alone may represent a subgroup that is distinctive from the interstitial and parenchymal necrosis group with outcomes that are somewhere between the other 2 groups.[2] Also, the presence of extensive EPN may further distinguish the subgroup of patients who may have a guarded prognosis.

Vishal Sharma, DM
Surinder S. Rana, DM, MD
Department of Gastroenterology, Post Graduate Institute of Medical Education and Research (PGIMER)
Chandigarh, India

REFERENCES

1. Koutroumpakis E, Dasyam AK, Furlan A, et al. Isolated peripancreatic necrosis in acute pancreatitis is infrequent and leads to severe clinical course only when extensive: a prospective study from a US tertiary center. *J Clin Gastroenterol*. 2016;50:589–595.
2. Rana SS, Sharma V, Sharma RK, et al. Clinical significance of presence and extent of extrapancreatic necrosis in acute pancreatitis. *J Gastroenterol Hepatol*. 2015;30:794–798.
3. Sharma V, Rana SS, Bhasin DK. Extrapancreatic necrosis alone: contours of an emerging entity. *J Gastroenterol Hepatol*. 2016. [Epub ahead of print]. Doi: 10.1111/jgh.13384.
4. Bakker OJ, van Santvoort H, Besselink MG, et al. Dutch Pancreatitis Study Group. Extrapancreatic necrosis without pancreatic parenchymal necrosis: a separate entity in necrotising pancreatitis? *Gut*. 2013;62:1475–1480.

ERRATUM

"The Possible Innovative Use of *Bifidobacterium longum* W11 in Association With Rifaximin: A New Horizon for Combined Approach?": Erratum

In the supplement to the November/December 2016 issue, the article beginning on page S153 neglected to cite the reference below:

Garrison E, Marth G. Haplotype-based variant detection from short-read sequencing. *arXiv preprint arXiv:1207.3907 [q-bio.GN]* 2012

The author(s) apologize for the oversight.

REFERENCE

Graziano T, Amoruso A, Nicola S, et al. The possible innovative use of *Bifidobacterium longum* W11 in association with rifaximin: a new horizon for combined approach? *J Clin Gastroenterol*. 2016;50(Suppl):S153–S156.

The authors declare that they have nothing to disclose.

DOI: 10.1097/MCG.0000000000000659