

patients with small bowel CD. More randomized prospective trials are needed to evaluate whether disease activity or the severity of endoscopic lesions in patients with small bowel CD monitoring by FC alters clinical outcomes (complications, operations, quality of life) in the long-term. Future studies should also gather additional information to help us understand the optimal frequency to measure FC in the surveillance of patients with small bowel CD.

CONG DAI, MD, PhD

Department of Gastroenterology
First Affiliated Hospital
China Medical University
Shenyang City, Liaoning Province, China

MING-JUN SUN, MD, PhD

Department of Gastroenterology
First Affiliated Hospital
China Medical University
Shenyang City, Liaoning Province, China

MIN JIANG, MD, PhD

Department of Gastroenterology
First Affiliated Hospital
China Medical University
Shenyang City, Liaoning Province, China

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Conflicts of interest

The authors disclose no conflicts.

Most current article

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Total Pancreatectomy With Islet Autotransplantation Improves Quality of Life in Patients With Refractory Recurrent Acute Pancreatitis



Dear Editor:

We read with great interest the article by Bellin et al¹ reporting on the use of total pancreatectomy with islet autotransplantation for patients with refractory recurrent acute pancreatitis. Recurrent acute pancreatitis is classically described as a patient having no symptoms between at least 2 attacks of acute pancreatitis defined by the Revised Atlanta Classification, and no signs of chronic pancreatitis.^{2–4} Conversely, patients with chronic pancreatitis have persistent symptoms, which may be accompanied by acute exacerbations. The authors defined refractory recurrent acute pancreatitis as 2 or more episodes of acute pancreatitis, with intractable pain between episodes, and imaging or pancreatic function testing negative or equivocal for chronic pancreatitis. This

patient population reported had ongoing symptoms of pain, which seems consistent with chronic pancreatitis. This diagnosis was confirmed in 77% (37 of 48 patients) of their population by histology of the resected pancreas. We agree that early chronic pancreatitis, as the authors astutely mention in their discussion, is often difficult to confirm by our present diagnostic testing preresection. This population with negative or equivocal findings on imaging or pancreatic function testing likely had early chronic pancreatitis. Furthermore, the percentage of patients who were insulin independent post total pancreatectomy with islet autotransplantation is similar to their report on patients with chronic pancreatitis.⁵ The authors have enlightened us to a new spectrum of acute to chronic pancreatitis, which they define as refractory recurrent acute pancreatitis. Perhaps more accurately, refractory recurrent acute pancreatitis should refer to only the group of 11 of 48 patients (23%) that did not have chronic pancreatitis on histology of the resected pancreas, but had symptoms of ongoing pain suggestive of chronic pancreatitis. This subgroup alone may have a truly new entity. There remains a concern, however, because none of these 11 had histologic evidence of pancreatic disease, although 3 had peripancreatic disease. We are fortunate to have the authors' experience in total pancreatectomy with islet autotransplantation, but wonder if their technique is still only applicable to patients with chronic pancreatitis, be it early or late.

AMI J. PANARA, MD

JODIE A. BARKIN, MD

**JAMIE S. BARKIN, MD, MACG, MACP,
AGAF, FASGE**

Division of Gastroenterology, Department of
Medicine
University of Miami, Leonard M. Miller School of
Medicine
Miami, Florida

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Conflicts of interest

The authors disclose no conflicts.

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Reply. We appreciate the letter from Panara et al about the conundrum regarding total pancreatectomy with islet autotransplantation for refractory idiopathic recurrent acute pancreatitis. None of the patients had definitive preoperative evidence of chronic pancreatitis as defined by a combination of abnormalities in 2 of 3 tests: secretin magnetic resonance